

614491  
COUNTY COUNCIL OF SALOP.



# ANNUAL REPORT

OF THE

County Medical Officer of Health.

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1937.

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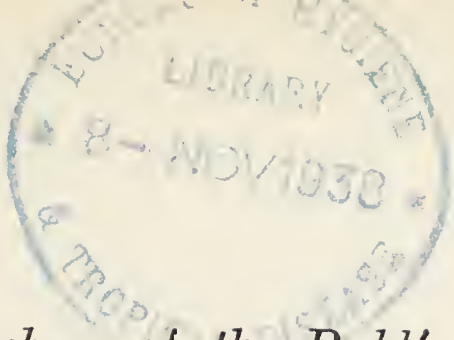
WILLIAM TAYLOR, M.D., D.P.H.

SHREWSBURY,  
*September, 1938.*



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*To the Chairman and Members of the Public Health and Housing Committee  
of the Salop County Council.*

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MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present the Annual Report for 1937.

The main feature of the work of the year was the coming into operation of the Scheme under the Midwives Act, 1936, which required the County Council within twelve months to provide for the whole county a domiciliary service of whole-time midwives. The scheme appears on the whole to be functioning satisfactorily, but it necessitated changes in the areas and arrangements of most of the District Nursing Associations, and in the limited time allowed many difficulties had to be overcome. Owing to the fact that the Victoria District Nursing Association ceased to employ practicing midwives the County Council became directly responsible for the midwifery service in the Borough of Shrewsbury, but in the remainder of the county this service has been secured chiefly through the agency of the Shropshire Nursing Federation and affiliated District Nursing Associations to which the County Council makes substantial grants.

I am,

Your obedient Servant,

WILLIAM TAYLOR.

COUNTY HEALTH OFFICES,  
COLLEGE HILL,  
SHREWSBURY.

*September, 1938.*

## THE PUBLIC HEALTH AND HOUSING COMMITTEE.

### Chairman :

MR. T. O. STEVENTON (*Alderman*).

### Vice-Chairman :

MR. ENOCH LATHAM (*Alderman*).

MR. T. WARD GREEN, J.P. (*Alderman*),  
Chairman of Council (*ex-officio*).

CAPT. SIR OFFLEY WAKEMAN, Baronet, J.P.,  
Vice-Chairman of Council (*ex-officio*).

MR. E. ATTWOOD.

MR. G. BAKER.

MR. WILLIAM BISHOP (*Alderman*).

CAPT. R. A. BLACK.

MR. J. G. B. BOROUGH.

MAJOR L. E. BURY.

MR. THOMAS CAMBIDGE (*Alderman*).

REV. J. E. G. CARTLIDGE.

MAJOR C. U. CORBETT, D.S.O.

LT.-COL. R. C. DONALDSON-HUDSON, D.S.O.

MR. W. G. DYAS.

MR. F. G. EDWARDS.

MR. C. ST. CLAIR FOWLES.

MR. W. H. GITTINS.

MAJOR A. HEYWOOD-LONSDALE.

COL. G. HOLLIES (*Alderman*).

DR. J. A. IRELAND.

MR. THOMAS JONES.

MR. TOM JONES.

MR. TOM MORRIS (*Alderman*).

MR. GEORGE S. PATCHETT (*Alderman*).

MR. T. G. RÔBIN.

MRS. M. J. ROTTON.

MR. C. P. SLATER (*Alderman*).

MR. J. TUDOR.

MR. W. D. VAN HOMRIGH.

MAJOR-GENERAL H. D. O. WARD, C.B., C.M.G.

MAJOR J. WHITAKER.

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### Co-opted Members for Child Welfare and Tuberculosis Schemes.

MRS. H. C. CHOLMONDELEY.

MRS. R. C. DONALDSON-HUDSON.

MRS. E. B. FIELDEN.

MRS. A. C. BUSS.

MR. FRANK WESTON.



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**STAFF.****County Medical Officer of Health and School Medical Officer.**

WILLIAM TAYLOR, M.D., D.P.H.

**Deputy County Medical Officer of Health and Deputy School Medical Officer.**

B. A. ASTLEY-WESTON, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

**Tuberculosis Medical Officers.**

A. C. WATKIN, M.R.C.S., L.R.C.P., D.P.H.

T. R. ELLIOTT, L.R.C.P.I., L.R.C.S.I.

**Assistant School and Child Welfare Medical Officers.**

KATHLEEN PRIESTLEY, L.S.A.

MABEL BLAKE, M.B., Ch.B.

§L. WILSON EVANS, M.C., M.B., B.S., D.P.H.

ELFYN T. JONES, M.R.C.S., L.R.C.P., B.Sc., D.P.H.

WILLIAM AINSLIE, L.R.C.S., L.R.C.P., D.P.H.

**Dental Surgeons.**

STEPHAN KEENAN, L.D.S.

FRANK H. BIRCH, H.D.D., L.D.S.

GERALD R. CATCHPOLE, L.D.S.

**Inspector of Midwives and County Health Lecturer.**

MISS MONICA DEMANT, R.F.N., S.R.N., S.C.M., Health Visitors Certificate.

**Assistant Inspector of Midwives.**

MISS F. M. TOMBS, S.C.M., S.R.N., Health Visitors Certificate (appointed 21/10/1937).

**County Analyst.**

HAROLD LOWE, M.Sc., F.I.C.

**County Sanitary Inspector.**

HAROLD MALLINSON, Cert. R.S.I.

**Health Visitors and School Nurses.**

\*†MISS W. M. BECKENSALL.

\*†MISS C. M. BINDLOSS.

\*†MISS J. A. BRODERSEN.

\*MISS B. CONNELLY.

\*†MISS M. DORRICOTT.

\*†MISS E. L. GRIFFITHS.

MISS E. M. GRIFFITHS.

\*†MISS M. M. HALL.

†MRS. M. M. LOWRANCE.

\*MISS E. Q. MASON.

\*MISS G. M. MORGAN.

\*†MISS A. K. O'CONNELL.

†MISS G. L. THOMAS.

\*MISS M. PARRY.

**Obstetrical Consultant and Consultant under the Puerperal Fever and Puerperal Pyrexia Regulations, 1926.**

FRANK H. EDWARDS, F.R.C.S., M.B., Ch.B., M.R.C.S., L.R.C.P.

**Venereal Diseases Medical Officer (part-time).**

COL. J. GRECH, D.S.O., M.R.C.S., L.R.C.P.

**Sister-in-Charge V.D. Clinic.**

MRS. D. A. MURRAY, S.R.N., R.F.N.

**Prees Heath Sanatorium.**MISS M. A. TREBLE, *Matron*.**County Home for Ailing Babies.**MISS M. L. CROWE, *Matron*.**County Council Hospital.**

J. F. KING, Clerk-Steward.

MISS J. P. COCHRAN, S.R.N., and C.M.B. Certificate, *Matron*.SAMUEL BURKE, M.R.C.S., L.R.C.P., *Resident Medical Officer*.**Clerical Staff.**

W. H. JONES, Chief Clerk, Vaccination Officer (4 Districts) and Petitioning Officer under M.D. Acts.

Thirteen Assistant Clerks and two Shorthand-typists.

§ *Also Medical Officer of Health for the Urban and Rural Districts of Oswestry.* \* *Holds C.M.B. Certificate.*† *Holds Health Visitors Certificate.*‡ *Holds Certificate of London Obstetrical Society.*



# District Medical Officers of Health.

Name.	Address.	Municipal Boroughs and Urban Districts.			Rural Districts.		
		Name.	Acreage.	Population (1931 Census)	Name.	Acreage.	Population (1931 Census)
J. DALLEWY, M.R.C.S., L.R.C.P. ..	Wem.	Wem.	903	2,255	Wem.	60,343	10,273
L. E. DICKSON, M.D., M.R.C.S., L.R.C.P.	Bridgnorth.	Bridgnorth M.B.	2,645	5,295	Bridgnorth.	100,897	12,616
L. WILSON EVANS, M.C., M.B., B.S., D.P.H.	Oswestry.	Oswestry M.B.	2,173	9,961	Oswestry.	61,524	16,569
M. GEPP, L.R.C.P., L.R.C.S., D.P.H. ..	Shrewsbury.	Bishop's Castle M.B.	1,867	1,352	Atcham.	134,490	19,576
		Church Stretton.	6,198	2,398			
		Wenlock M.B.	22,657	14,149	Clun.	132,512	10,673
		Whitchurch	6,053	6,174			
*W. M. CASPER, M.R.C.S., L.R.C.P. ..	Overton.	Ellesmere.	1,220	1,872			
*C. D. ROGERS, M.B., CH.B. ..	Ellesmere.				Ellesmere.	48,253	6,684
A. MACQUEEN, M.D. .. (Died Feb., 1938).	Market Drayton.	Market Drayton.	1,216	4,749	Drayton.	54,058	7,888
*A. M. STEWART, M.B., L.R.C.P., D.P.H. .. .. .							
A. D. SYMONS, M.D., D.P.H. ..	Shrewsbury	Shrewsbury M.B.	8,118	36,732			
A. M. STEWART .. .. .	Wellington.	Dawley	3,259	7,669	Shifnal Wellington.	39,562	7,583
		Newport	768	3,437			
		Oakenngates.	2,396	11,249		54,516	16,118
		Wellington.	2,281	8,550			
A. E. WHITE, M.B., C.M., L.R.C.P., L.R.C.S., D.P.H.	Ludlow.	Ludlow M.B.	1,068	5,823	Ludlow.	112,823	14,511

\* Temporary appointments.

# Poor Law Medical Out-Relief.

Name of Area.	County Districts. comprised in Area.	Acreage.	Population (1931 Census).	No. of Relief Districts.	No. of Relieving Officers.	District Medical Officers.
Bridgnorth ..	Bridgnorth M.B. & R.	103,542	17,911	2	2	Dr. C. A. Hodges, Dr. L. E. Dickson, Dr. G. R. Kennedy, Dr. E. W. Wilkins, Dr. F. W. Hudson-Bigley, Dr. J. S. Jerome.
Clun ..	{ Bishop's Castle M.B. Clun R. .. .. }	134,379	12,025	2	2	Dr. D. M. Hunter, Dr. S. J. Stewart, Dr. J. Adams, Dr. T. H. Gandy, Dr. G. H. H. Booth, Dr. J. A. K. Griffiths, Dr. B. Bell, Dr. H. R. Cross, Dr. W. B. Clegg.
Drayton ..	{ Drayton U. & R. .. Wem U. & R. .. Whitchurch U. .. }	122,573	31,339	3	3	Dr. J. R. Mitchell, Dr. J. Dallewy, Dr. C. W. Eames, Dr. V. E. Somerset, Dr. A. H. Clough, Dr. W. King Hay, Dr. P. Wallace, Dr. A. Lees Low, Dr. W. Hall, Dr. A. T. Woolward.
Ludlow ..	{ Church Stretton U. Ludlow M.B. & R. .. }	120,089	22,732	3	3	Dr. H. Gooch, Dr. J. McClintock, Dr. C. H. Flory, Dr. C. A. Hodges, Dr. Egan, Dr. H. O. Watson, Dr. A. Sanders Green, Dr. J. S. Jerome.
Oswestry ..	{ Ellesmere U. & R. ... Oswestry M.B. & R. .. }	113,170	35,086	3	3	Dr. W. B. A. Lewis, Dr. J. H. Fletcher, Dr. R. H. S. Marshall, Dr. C. E. Salt, Dr. C. D. Rogers, Dr. A. C. Heard, Dr. E. H. Udall for Oswestry Insti- tution, Dr. S. J. Higgins.
Shrewsbury ..	{ Atcham R. .. Shrewsbury M.B. .. }	142,608	56,308	3	3	Dr. W. E. Gemmell, Dr. W. B. Ballenden, Dr. G. M. Westwood, Dr. C. W. Cassell, Dr. T. J. Gittins, Dr. C. U. Whitney, Dr. J. McClintock, Dr. H. Gooch, Dr. A. V. Mackenzie.
Wellington	{ Newport U. ... Oakengates U. Wellington U. & R. .. }	59,961	39,354	3	3	Dr. Prentice, Dr. G. M. Yates, Dr. G. E. Elkington, M.C., Dr. J. R. Pooler.
Wenlock ..	{ Dawley U. .. Shifnal R. .. Wenlock M.B. .. }	65,478	29,401	3	3	Dr. C. U. Whitney, Dr. H. C. Woodhouse, Dr. R. S. Mitchell, Dr. J. G. Boon, Dr. F. W. Hudson-Bigley, Dr. S. B. Legge, Dr. D. J. M. Legge.
		861,800	244,156	22	22	



**Public Vaccinators and Vaccination Districts, 1937.**

Vaccination District.	Vaccination Officer.	Public Vaccinators.
Bridgnorth ..	A. H. Reynolds ..	C. A. Hodges, L. E. Dickson, G. R. Kennedy.
Church Stretton ..	A. Dillon Smith ..	C. H. Flory, F. W. Hudson-Bigley, H. Gooch, J. McClintock.
Cleobury Mortimer	S. Whitehead ..	J. S. Jerome, E. W. Wilkins.
Clun.. ..	W. J. Beavan ..	G. H. H. Booth, J. A. K. Griffiths.
	A. Lloyd Davies ..	S. J. Stewart, D. M. Hunter.
	M. George ..	H. R. Cross. T. H. Gandy.
	W. H. Jones* ..	J. Adams, W. B. Clegg.
Drayton ..	G. E. Axon ..	Walter Hall, W. King Hay, A. Lees Low, Frances L. Lewis.
Ellesmere ..	J. H. Butler ..	A. C. Heard.
	P. J. Whiston ..	C. D. Rogers.
Ludlow ..	R. G. Brookes ..	C. Fenwick, H. O. Watson.
	R. J. Price ..	C. H. Flory, C. A. Hodges, C. Fenwick.
	W. H. Jones* ..	J. Blundell Williams.
Madeley ..	W. Edge ..	J. G. Boon, F. W. Hudson-Bigley.
	W. H. Jones* ..	C. U. Whitney.
	B. H. Ellis. ..	J. B. Robertson.
Newport ..	G. G. Crickmer ..	G. E. Elkington, G. M. Yates, J. R. Pooler.
Oswestry ..	T. Pughe-Jones ..	R. H. S. Marshall, W. B. A. Lewis, J. H. Fletcher, C. E. Salt, E. H. Udall, S. J. Higgins.
Shifnal ..	L. G. Harris ..	G. R. Kennedy, D. J. M. Legge, S. B. Legge,
Shrewsbury ..	E. P. Everest, M.B.E.	C. W. Cassell, W. E. Gemmell, T. J. Gittins, W.B.Ballenden, H.B.MacLeod, G.M.Westwood.
Wellington ..	R. Gwynne ..	H. W. J. Hawthorn, G. M. Yates.
Wem ..	W. H. Jones* ..	J. Dallewy, C. W. Eames, J. R. Mitchell, V. E. Somerset, A. T. Woolward.
Whitchurch ..	E. Jones ..	A. H. Clough.

\* Chief Clerk, County Public Health Department—See page 18.

### Hospital Accommodation at County Council Institutions in 1937.

Name of Institution.	Sick Wards.		Staff.				
	No. of beds.	Average No. of beds used.	Medical Officer.	Trained Nurses (including Matron).	Proba- tioner Nurses.	Assistant Nurses.	Male Attend- ants.
County Council Hospital ..	181	126	*Resident	12	27	—	—
Public Assistance Institutions:—							
Bishop's Castle .. ..	34	27	Visiting	1	—	4	1
Ironbridge .. ..	111	99	Visiting	5	—	12	1
Ludlow .. ..	56	45	Visiting	1	—	4	—
Market Drayton .. ..	45	32	Visiting	2	—	3	—
Oswestry .. ..	89	83	Visiting	4	—	7	—
Shifnal .. ..	27	23	Visiting	1	—	2	—
Wellington .. ..	124	108	Visiting	4	6	4	1
Whitchurch .. ..	26	20	Visiting	2	—	2	—
	512	437		20	6	38	3

\* Also Visiting Consultant.

Other accommodation available at rate-aided institutions includes 16 cots for children at County Home for Ailing Babies, Wellington; 30 beds for mental defectives (Church Stretton Institution 5, Madeley Institution 25); 10 for female mental cases at Newport P.A. Institution and 896 beds for mental cases at Salop Mental Hospital; 11 beds for tuberculous patients at Prees Heath Sanatorium; 4 beds for venereal cases at 1, Belmont, Shrewsbury; 26 beds for small-pox cases, and 85 beds for other infectious cases.

### Voluntary Hospital Accommodation.

Name and Situation.	No. of beds, including cots.	Facilities provided.
Bridgnorth and South Shropshire Infirmary, Bridgnorth ..	50	a, b, c, d, m, n, p, q, r, s, t, u.
St. Catherine's Cottage Hospital, Clun .. ..	6	a, b.
Cottage Hospital, Ellesmere .. ..	12	a, b, d, k, p, v, w.
Cottage Hospital, Ludlow .. ..	9	a, b, m, p, q.
Cottage Hospital, Market Drayton .. ..	12	a, b, d, t, w.
Lady Boughey Cottage Hospital, Newport .. ..	12	a, b, d, k, m, n, p.
Cottage Hospital, Oswestry .. ..	21	a, b, d, m, p, v, w, z.
Cottage Hospital, Shifnal .. ..	15	a, b, c, d, f, i, n, o, p, q, s, v, w, z.
District Cottage Hospital, Wellington .. ..	18	a, b, d, m, p, r, t.
Cottage Hospital, Whitchurch .. ..	14	a, b, d, m, p, q, r, v, w.
Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry	320	b, d, e, f, j, k, m, n, p, q, r, v, w, y.
Royal Salop Infirmary, Shrewsbury .. ..	158	a, b, c, d, f, j, k, m, n, q, r, s, u, v, w, z.
Tenbury Cottage Hospital, Burford .. ..	10	a, b, m, p, q, w.
Eye, Ear and Throat Hospital, Shrewsbury .. ..	53	b, d, g, h, p, w, x.
Lady Forester Hospitals—		
Broseley .. ..	29	a, b, c, d, m, p, r, s, t, v.
Much Wenlock .. ..	25	a, b, c, k, l, m, n, p, q, r, s, t, v, w, y.
King Edward VII. Memorial Sanatorium, Shirlett .. ..	62	k, m.

Other Hospitals used by Salop patients include the Hereford General Hospital, Wolverhampton Royal Hospital, Stafford Infirmary, Wolverhampton Eye Hospital, the Kidderminster Hospital, and the North Staffordshire Infirmary, Stoke-on-Trent.

KEY.—a=General Medical and Surgical Treatment; b=Operating Theatre; c=Maternity Beds; d=Children's Beds; e=Orthopaedic Department; f=Dental Department; g=Nose, Throat and Ear Department; h=Ophthalmic Department; i=Dermatological Department; j=Laboratory; k=Light Therapy; l=Radium Treatment; m=X-Ray Facilities; n=Massage Treatment; o=Gynaecological Department; p=Private Ward; q=Open-Air Verandah; r=Shelters; s=Ante-natal Clinic; t=Provision for convalescence; u=Provision for isolation of infectious diseases; v=Casualty Department; w=Out-Patient Department; x=Solarium; y=Ambulance; z=Extensions or re-building contemplated.



## Hospital Beds available in the County of Salop classified according to Type of Case and as far as possible to Sex.

Type of Case.				Provided at	Total.	No. of Beds. Male. Female. M. or F..		
General Medical	..	..	..	Royal Salop Infirmary, Shrewsbury ..	58	30	28	..
General Surgical	..	..	..	Royal Salop Infirmary .. ..	68	40	28	..
General Medical and Surgical				Clun, St. Catherine's Cottage Hospital	6	3	3	..
				County Council Hospital, Cross Houses	126	63	63	..
				Bridgnorth and South Shropshire Infirmary	31	16	15	..
				Ellesmere Cottage Hospital .. ..	8	4	4	..
				Lady Forester Cottage Hospital, Broseley	20	6	6	8
				Lady Forester Memorial Hospital, Much Wenlock .. ..	19	6	6	7
				Ludlow Cottage Hospital .. ..	9	4	5	..
				Market Drayton Cottage Hospital ..	12	6	6	..
				Newport, Lady Boughey Cottage Hospital	12	6	6	..
				Oswestry Cottage Hospital .. ..	19	..	..	19
				P. A. Institutions .. ..	47	25	21	1
				Shifnal Cottage Hospital .. ..	9	4	5	..
				Tenbury Cottage Hospital .. ..	10	5	5	..
				Wellington Cottage Hospital .. ..	12	6	6	..
				Whitchurch Cottage Hospital .. ..	12	6	6	..
					352	160	157	35
Children	..	..		County Council Hospital .. ..	22	..	..	22
				Bridgnorth and South Shropshire Infirmary	5	..	..	5
				County Home for Ailing Babies, Wellington	16	..	..	16
				Ellesmere Cottage Hospital .. ..	1	..	..	1
				Lady Forester Hospital, Broseley ..	1	..	..	1
				Newport (Lady Boughey) Cottage Hospital	1	..	..	1
				Oswestry Cottage Hospital .. ..	2	..	..	2
				Public Assistance Institutions .. ..	55	..	..	55
				Royal Salop Infirmary .. ..	24	..	..	24
				Shifnal Cottage Hospital .. ..	3	..	..	3
				Wellington Cottage Hospital .. ..	4	..	..	4
				Whitchurch Cottage Hospital .. ..	2	..	..	2
Maternity	..	..		County Council Hospital .. ..	24	..	24	..
				Bridgnorth and South Shropshire Infirmary	9	..	9	..
				Lady Forester Cottage Hospital .. ..	6	..	6	..
				Lady Forester Memorial Hospital ..	6	..	6	..
				Public Assistance Institutions .. ..	14	..	14	..
				Royal Salop Infirmary .. ..	8	..	8	..
				Shifnal Cottage Hospital .. ..	3	..	3	..
					70	..	70	..
Venereal Diseases	..	..	..	V.D. Clinic, Shrewsbury .. ..	4	2	2	..
Tuberculosis	..	..		Shirlett Sanatorium .. ..	62	..	..	62
				Prees Heath Sanatorium .. ..	11	..	..	11
				County Council Hospital .. ..	9	5	4	..
				Public Assistance Institutions, } (shelters)	14	8	5	1
					96	13	9	74

Type of Case.		Provided at				Total.	No. of Beds. Male. Female. M. or F.			
Private Wards ..	..	{	Bridgnorth and South Shropshire Infirmary ..				5	..	..	5
			Ellesmere Cottage Hospital .. ..				3	..	..	3
			Wellington Cottage Hospital .. ..				2	..	..	2
			Orthopaedic Hospital .. ..				10	..	..	10
			Eye, Ear and Throat Hospital .. ..				7	..	..	7
			Lady Forester Hospital, Broseley .. ..				2	..	..	2
							29	..	..	29
Chronic Sick ..	..	..	Public Assistance Institutions .. ..				365	194	171	..
Mental ..	..	..	Salop Mental Hospital .. ..				896	436	460	..
			P. A. Institutions .. ..				27	5	22	..
							923	441	482	..
Mental Deficiency ..	..	{	Church Stretton P.A. Certified Institution ..				5	..	5	..
			Madeley P.A. Certified Institution ..				25	10	15	..
							30	10	20	..
Orthopaedic ..	..	..	Robert Jones & Agnes Hunt Orthopaedic Hospital, Oswestry .. ..				310	160	120	30
Eye, Ear, Nose and Throat	..	..	Eye, Ear and Throat Hospital .. ..				46	..	..	46
Puerperal Fever and Puerperal Pyrexia ..	..	..	County Council Hospital .. ..				as occasion arises.			
Small-pox ..	..	..	..	..	..	..	26	..	..	26
Other Infectious Diseases	..	..	..	..	..	..	85	..	..	85

In addition, the County Council has made arrangements with the Royal Hospital, Wolverhampton, and Cleveland House, Wolverhampton, for the treatment of persons suffering from venereal diseases, and with the Mrs. Legge Memorial Home, Wolverhampton, for the admission of unmarried mothers without homes.



### STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

Area (in acres) of Administrative County	..	..	..	..	..	..	..	..	861,800
Population (Census 1931)	..	..	..	..	..	..	..	..	244,156
Estimated population Mid Year, 1937	{ for Birth-rates and Death-rates		..	..	..	..	..	..	240,800
	{ Urban—for Birth-rates and Death-rates		..	..	..	..	..	..	122,800
	{ Rural—for Birth-rates and Death-rates		..	..	..	..	..	..	118,000
Number of Inhabited Houses (Census 1931)	..	..	..	..	..	..	..	..	59,553
Number of Families or separate Occupiers (Census 1931)	..	..	..	..	..	..	..	..	60,904
Rateable Value	..	..	..	..	..	..	..	..	£1,115,665
Sum represented by a penny rate	..	..	..	..	..	..	..	..	£4,466

### Extracts from Vital Statistics of Registrar-General.

				Male.		Female.		Male & Female.		Rates.	
				1936	1937	1936	1937	1936	1937	1936	1937
Live Births	Total	..	..	1879	1977	1769	1802	3648	3779	15.08	15.69
	Legitimate	..	..	1787	1874	1664	1712	3451	3586	14.27	14.89
	Illegitimate	..	..	92	103	105	90	197	193	.81	.80
Still-births	..	..	..	87	87	79	77	166	164	.68	.68
Deaths: Total	..	..	..	1681	1683	1504	1553	3185	3236	13.17	13.44
Infant Mortality	..	..	..	102	124	65	70	167	194	46	51
Letigimate Births	..	..	..	95	115	60	63	155	178	45	49
Illegitimate Births	..	..	..	7	9	5	7	12	16	61	83

				Average 1929—1933		1934	1935	1936	1937
Deaths of Women in, or in consequence of, child-birth—									
Total	..	..	..	19	20	16	18	15	
From Sepsis	..	..	..	8	8	10	4	6	
From other causes	..	..	..	11	12	6	14	9	

Deaths from Measles (all ages)	..	..	..	9	14	8	4	4	
„ Whooping Cough (all ages)	..	..	..	16	13	4	5	14	
„ Diarrhoea (under 2 years of age)	..	..	..	4	11	8	7	7	

### VITAL STATISTICS.

**Population.**—Below are given particulars of the population of the County at the time of the last four census returns, and the Registrar-General's estimate of the population at the middle of each year since 1933.

1901 (Census)	..	..	239,783	1933 (estimated population)	243,900
1911	..	..	246,307	1934	242,700
1921	..	..	243,062	1935	241,900
1931	..	..	244,156	1936	241,800
				1937	240,800

**Marriages.**—There has been an upward tendency in the number of marriages in the registration county since 1932. Previous to that year, the tendency had been in the opposite direction. The following summarises the position since 1920 :—

Period.	Annual Average.	Year	Actual.
1921—25	1927	1934	1957
1926—30	1903	1935	1937
1931—35	1874	1936	1945
		1937	1994

## Birth-rates and Death-rates of each of the Sanitary Districts for the year 1937.

Urban Districts and Municipal Boroughs.	Births.		Deaths.		Rural Districts.	Births.		Deaths.	
	No.	Rate.	No.	Rate.		No.	Rate.	No.	Rate.
Bishop's Castle M.B. ..	16	12.2	19	14.5	Atcham .. ..	323	17.5	214	11.6
Bridgnorth .. ..	100	19.0	74	14.1	Bridgnorth .. ..	192	16.2	128	10.8
Church Stretton .. ..	32	14.4	38	17.1	Clun .. ..	147	14.8	143	14.4
Dawley .. ..	136	17.7	101	13.1	Drayton .. ..	128	15.5	132	16.0
Ellesmere .. ..	22	11.6	26	13.7	Ellesmere .. ..	100	14.3	72	10.3
Ludlow M.B. .. ..	75	13.0	84	14.7	Ludlow .. ..	195	14.2	174	12.7
Market Drayton .. ..	100	20.5	86	17.7	Oswestry .. ..	205	13.2	187	12.0
Newport .. ..	66	19	39	11.2	Shifnal .. ..	133	17.6	89	11.7
Oakengates.. ..	149	13.9	143	13.3	Wellington .. ..	265	16.0	249	15.6
Oswestry M.B. .. ..	149	15.2	156	15.9	Wem .. ..	136	13.9	123	12.6
Shrewsbury M.B. .. ..	587	15.4	490	12.8					
Wellington .. ..	136	14.1	121	12.6					
Wem .. ..	36	16.3	45	20.4					
Wenlock M.B. .. ..	250	18.3	199	14.5					
Whitchurch .. ..	101	16.0	104	16.5					
Total .. ..	1955	15.9	1725	14.0	Total .. ..	1824	15.5	1511	12.8
Whole County .. ..	3779	15.69	3236	13.44	Whole County .. ..	3779	15.69	3236	13.44

**Births.**—There were 3,779 births during 1937, an increase of 131 as compared with the previous year. This represents a birth-rate of 15.69 per thousand of the population, a rise of 0.61.

The birth-rate for England and Wales in 1937 was 14.9 per thousand.

**Deaths.**—The number of deaths in the county in 1937 was 3,236, a rise of 50 as compared with the preceding year. This gives a death-rate per thousand of the population of 13.44, or a rise of 0.27.

The death-rate for England and Wales was 12.4 in 1937.

## Principal Causes of Death.

	1926—30	1931—35	1935	1936	1937
Heart Disease .. ..	559 (average)	688 (average)	721	856	794
Other Circulatory Diseases .. ..	131 ..	153 ..	144	162	141
Cerebral Haemorrhage .. ..	226 ..	227 ..	234	245	244
Congenital Debility .. ..	128 ..	127 ..	115	97	125
Influenza .. ..	120 ..	109 ..	71	73	178
Bronchitis .. ..	156 ..	122 ..	94	110	98
Pneumonia .. ..	157 ..	147 ..	135	141	144
Tuberculosis { Pulmonary .. ..	129 ..	129 ..	124	95	97
{ Other forms .. ..	38 ..	32 ..	27	23	39
Cancer, Malignant Disease .. ..	377 ..	411 ..	420	410	446

**Cancer.**—From the above tabular statement it will be seen that the number of deaths from cancer during 1937 was 446, or 36 more than in the previous year. The death-rate for cancer for this county during 1937 was 1.852 per 1,000 of the population, as compared with 1.695 for the preceding year.



In the Annual Report for 1936, full particulars were given of the provision for the early diagnosis and treatment of persons suffering from cancer in Shropshire. The information need not be repeated here in such detail: briefly, the facilities are :—

Royal Salop Infirmary :	Operative treatment and deep X-Ray therapy.
Lady Forester Hospital, Much Wenlock :	Radium treatment.
County Council Hospital :	Cases (only some of which are operable) requiring skilled nursing.
Public Assistance Institutions :	Inoperable cases requiring general nursing care.

When any person in the County Council Hospital is found capable of benefiting from treatment in another hospital with greater facilities for dealing with cancer, arrangements are made for the necessary transfer to be effected.

During 1937, the total number of cancer patients admitted to hospitals maintained by the County Council was 62, of whom 43 had received no previous advice or treatment at another hospital.

**Deaths from Cancer in 1937 (arranged according to age and Sex).**

Age Group of Cases.	Number of Deaths.			
	Urban Districts.		Rural Districts.	
	Male.	Female.	Male.	Female.
Under 25 years ..	—	—	—	—
25—35 years ..	—	2	2	1
35—45 years ..	3	7	4	8
45—55 years ..	13	23	9	15
55—65 years ..	41	21	26	24
65—75 years ..	42	34	44	29
75 years— ..	18	25	24	31
Total Deaths ..	117	112	109	108
	229		217	

**Infant Mortality.**—The children born in 1937 numbered 3,779, and in that year 194 children died before reaching the age of twelve months, or five more than in the previous year. This gives an infant mortality rate of 51 per thousand live births, or 7 less than the corresponding figure for England and Wales. The infant mortality rate for 1935 and 1936 was maintained at 46 per thousand live births, and special comment was made in the previous annual report on the fact that it had been possible to maintain this figure for two years in succession, as it was the lowest which had ever been recorded in this county, and attention was drawn to the following point :—

“ It would perhaps be unwise to assume that this figure can be maintained as a matter of course, and still more so to suggest that it is attributable entirely to the health visiting and other services. There are probably factors involved beyond human control, but undoubtedly the Health Visiting and the Maternity and Child Welfare services have played a very important part.”

Of the 194 infants who died before reaching the age of twelve months no less than 123, 28 more than in the previous year, were suffering from congenital defects, and only 71 were normal at birth.

## Particulars relating to Infant Mortality since 1905.

	Average for years						No. for years				
	1905 to 1909	1910 to 1914	1915 to 1919	1920 to 1924	1925 to 1929	1930 to 1934	1933	1934	1935	1936	1937
Births ..	5955	5427	4441	5137	4277	3833	3664	3681	3610	3648	3779
Deaths ..	561	444	335	319	244	215	197	210	165	167	194
Chief Causes of Death.											
Measles and Whooping Cough ..	34	22	19	14	11	8	11	9	3	4	6
Influenza .. .. .	..	..	11	3	5	3	2	1	0	3	5
Other Infectious Diseases ..	5	1	1	0	0	0	1	0	0	0	0
Tuberculous Diseases ..	19	12	6	6	4	5	8	4	0	4	3
Convulsions and Meningitis (not tuberculous) .. ..	60	42	..	..	..	..	..	..	..	..	..
Bronchitis .. .. .	46	33	31	22	10	6	4	5	4	5	6
Pneumonia .. .. .	65	43	34	32	32	23	9	21	14	16	21
Diarrhoea .. .. .	22	14	15	20	11	9	6	10	7	6	7
Premature birth and Congenital defects, &c. .. ..	128	119	*	*	124	128	132	127	119	95	123
Infant Mortality Rate .. ..	94	81	75	62	57	56	54	57	46	46	51

\* Figures not available.

The great importance of care in the early weeks and months of life is brought out by the following table, which gives particulars of the ages at death of 1,474 children under twelve months, concerning which accurate information is available. *Outstanding is the fact that, of children whose deaths were recorded before reaching one year of age, approximately two-thirds died in the first month of life.*

## Deaths of Infants under one year.

Age Groups.	Number of Deaths.					1929—1937		
	Average for years 1929—1933	1934	1935	1936	1937	Total.	Per- centage.	
Under 1 day .. .. .	37	37	40	41	44	347	23.5	} 64.1
1 day—1 week .. ..	44	28	42	28	40	358	24.3	
1 week—1 month .. ..	29	32	23	24	16	240	16.3	
1 month—3 months .. ..	22	22	14	15	21	182	12.3	
3 months—6 months .. ..	16	19	6	7	17	129	8.7	} 35.9
6 months—9 months .. ..	14	13	5	11	14	113	7.7	
9 months—12 months .. ..	13	11	11	8	10	105	7.2	
Total deaths .. ..	175	162	141	134	162	1474	100.0	



The following table summarises the position in annual averages with regard to the chief matters so far referred to for each five-yearly period from 1901 to 1935, and gives the actual figures for the years 1935, 1936 and 1937 :—

Periods.	Births.		Deaths.		Natural increase in population.	Infant Mortality Rate per 1,000 Live-births.	Death-rates from Phthisis per 1,000 of population.	Death-rates from Cancer per 1,000 of population.
	No.	Rate.	No.	Rate.				
1901—05 ..	6404	26.34	3678	15.2	2726	102	.938	1.025
1906—10 ..	5843	23.98	3568	14.64	2275	92	.948	1.093
1911—15 ..	5271	21.12	3351	13.83	1920	82	.804	1.156
1916—20 ..	4646	19.16	3312	14.55	1334	71	.808	1.382
1921—25 ..	4843	19.71	3073	12.49	1770	60	.614	1.374
1926—30 ..	4198	17.17	3055	12.53	1143	56	.529	1.546
1931—35 ..	3736	15.35	3133	12.88	603	53	.538	1.691
1935 ..	3610	14.92	3016	12.47	594	46	.513	1.736
1936 ..	3648	15.08	3186	13.17	462	46	.488	1.695
1937 ..	3779	15.69	3236	13.44	543	51	.565	1.852

### INFECTIOUS DISEASE.

Particulars of the cases of notifiable disease are contained in the table on page 17, which also gives for purposes of comparison a total of the corresponding figures for the previous year.

As compared with the number of notifications for the previous year, an increase of 50 is recorded in *scarlet fever* cases, and of 67 in *pneumonia* cases, whilst there is a decrease of 95 in *diphtheria* cases and of 32 in cases of *erysipelas*. The combined figure for *puerperal fever* and *puerperal pyrexia* increased by 31: it should be noted that since 1st October, 1937, both of these conditions have been classified as puerperal pyrexia in accordance with the amendment in notification law affected by the Public Health Act, 1936. Clinically, of course, there continue to be two separate groups of puerperal cases, although even in this sense they merge into one another.

**Diphtheria Immunisation.**—The following districts have adopted schemes for the immunisation of the poorer inhabitants :—

#### Municipal Boroughs.

Bishop's Castle.  
Oswestry.  
Shrewsbury.  
Wenlock.

#### Urban Districts.

Church Stretton.  
Dawley.  
Ellesmere.  
Market Drayton.  
Newport.  
Oakengates.  
Wellington.  
Whitchurch.

#### Rural Districts.

Atcham.  
Clun.  
Drayton.  
Ludlow.  
Oswestry.  
Shifnal.  
Wellington.  
Wem.

**Closure of Schools.**—During the year 30 schools were closed by the Local Education Authority to prevent the spread of infectious disease, and below are given particulars of school closures during the year :—

Measles ..	..	..	..	..	25
Diphtheria ..	..	..	..	..	4
Scarlet Fever ..	..	..	..	..	1

In 25 instances attempts were made to prevent outbreaks of measles by closing the schools for about a week, nine or ten days after the occurrence of the first case, with the following result :

In 7 instances no further cases occurred. Closure in these instances must therefore be considered to have been unnecessary.

In 4 instances cases occurred during closure, and further cases developed after re-opening. Closure again proved to be without effect.

In 2 instances no cases occurred during closure, but one or more cases developed after re-opening. Again closure did not justify itself as these bore no relationship to the first cases.

In the 12 remaining instances cases occurred during the closure, and the children affected did not return to school until free from infection. There was no further outbreak, and it is justifiable to conclude that the closure was effective in checking the spread of the disease.

Upon notification of a single case of measles from a school where the number of susceptible children is less than 50 per cent. of the number on the register it has been considered preferable to exclude these children rather than to close the whole school. During 1937, susceptibles were excluded in 19 instances, with the following results :—

In 5 instances no further cases of measles developed either during exclusion or after re-admission.

In 4 instances cases occurred both during exclusion and after re-admission.

In 1 instance cases developed after re-admission, none having occurred during the exclusion.

In 9 instances cases occurred during exclusion and none afterwards.

This action may therefore be said to have justified itself in 9 instances out of 19.

Return of Cases of Notifiable Infectious Diseases compiled from the Quarterly Reports for the year 1937.

SANITARY DISTRICTS.	Population, Census. 1931.	SMALL-POX.	SCARLET FEVER.	DIPHTHERIA (including Membranous Group).	ENTERIC (Typhoid and Para-typhoid Fever).	PNEUMONIA.	PUERPERAL FEVER.	PUERPERAL PYREXIA.	CEREBRO-SPINAL FEVER.	DYSENTERY.	ACUTE POLIOMYELITIS.	MALARIA.	OPHTHALMIA NEONATORUM.	ERYSIPELAS.	TUBERCULOSIS.		ENCEPHALITIS LETHARGICA.
															RESPIRATORY.	OTHER FORMS.	
	244,156	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
RURAL.																	
Atcham ..	20,881	..	20	9	..	24	..	5	..	..	..	..	6	2	18	11	..
Bridgnorth ..	12,608	..	16	6	..	8	..	7	..	..	..	..	1	1	3	9	1
Clun ..	10,647	..	5	1	1	16	..	3	..	..	3	..	2	2	10	7	..
Drayton ..	7,873	..	3	7	..	4	..	1	..	..	..	..	..	1	3	3	..
Ellesmere ..	6,757	..	10	11	..	5	..	..	..	..	..	..	2	..	1	1	..
Ludlow ..	14,453	..	7	5	1	9	..	1	..	..	..	..	..	4	4	7	..
Oswestry ..	16,470	..	35	47	1	18	..	8	..	..	2	..	2	4	10	2	..
Shifnal ..	7,602	..	4	2	1	5	..	..	..	..	..	..	1	1	1	1	..
Wellington ..	16,177	..	25	7	..	46	..	4	..	..	..	..	4	3	6	9	..
Wem ..	10,322	..	3	4	..	20	..	4	..	..	..	..	1	1	1	3	..
URBAN.																	
Bishop's Castle ..	1,352	..	1	..	..	1	..	..	..	..	..	..	..	..	1	..	..
Bridgnorth ..	5,303	..	7	3	..	5	..	6	..	..	..	..	1	..	1	3	..
Church Stretton ..	2,255	..	1	..	..	3	..	..	..	..	..	..	1	..	1	..	..
Dawley ..	7,629	..	1	1	..	23	..	4	..	..	..	..	1	1	8	3	..
Ellesmere ..	1,872	..	..	1	..	..	..	1	..	..	..	..	..	..	1	..	..
Ludlow ..	5,887	..	15	..	..	12	..	..	..	..	..	..	1	7	1	..	..
Market Drayton ..	4,749	..	3	3	..	3	..	..	..	..	1	..	1	3	5	1	..
Newport ..	3,437	..	4	1	..	6	..	..	..	..	..	..	1	4	1	4	..
Oakengates ..	11,261	..	9	5	..	15	..	2	..	..	..	..	1	1	9	5	..
Oswestry ..	10,060	..	5	23	..	12	..	1	..	..	1	..	2	4	16	5	..
Shrewsbury ..	35,518	..	106	29	..	35	2	8	1	..	..	..	8	18	26	14	..
Wellington ..	8,500	..	18	39	..	25	..	2	1	..	..	1	..	..	5	8	..
Wem ..	2,257	..	1	..	..	6	2	..	..	..	..	..	..	..	5	..	..
Wenlock ..	14,149	..	14	..	..	4	..	..	..	..	..	..	..	..	4	6	..
Whitchurch ..	6,137	..	4	2	..	2	..	..	..	..	..	..	1	1	1	3	..
TOTALS FOR 1937		..	317	206	4	307	14	57	2	0	7	1	36	54	142	105	1
TOTALS FOR 1936		..	267	301	5	240	10	30	1	2	5	0	23	86	150	109	5
Increase (+) or Decrease (—)		..	+50	—95	—1	+67	+4	+27	+1	—2	+2	+1	+13	—32	—8	—4	—4



### ISOLATION HOSPITAL ACCOMMODATION.

In accordance with Section 63 of the Local Government Act, 1929, which required the County Council to prepare in consultation with the District Councils a scheme for securing adequate hospital accommodation for cases of infectious disease within the County, a scheme was submitted to the Minister of Health and has now been formally approved by him without modification. The main provisions of the scheme are as follows :—

*As regards small-pox*, the intention is to provide one hospital with about six beds as a first line of defence, and two other hospitals with 8 and 16 beds respectively, which would normally be used for advanced cases of consumption.

*For cases of infectious disease other than small-pox* it is intended to provide a centrally situated hospital with about 64 beds and, in addition, to utilise the Morda Isolation Hospital at Oswestry, which has accommodation for about 17 patients. In the plan for the main hospital, provision would of course be made for extension in the event of additional accommodation being required.

Full particulars of the accommodation at present available for cases of infectious disease were given in the report for 1934.

The question of the provision of hospital accommodation for cases of infectious disease has repeatedly been considered by the Public Health Committee. Although it is part of a larger problem, it has been decided to get out plans for a central hospital which will provide the accommodation indicated above and to proceed immediately with the construction of that part of the institution intended for cases of puerperal pyrexia, and also to make early provision for cases of infectious disease occurring in Public Assistance Institutions. This is very necessary, as a difficult position sometimes arises where infectious disease gains access to a Children's Home. The needs of the Borough of Shrewsbury and the Rural District of Atcham for cases other than small-pox are adequately met by the Monkmoor Isolation Hospital, and the scheme indicated above is for the rest of the County.

The accommodation available at the present time for cases of *small-pox* is far from satisfactory, and a serious position would arise if there were any considerable outbreak of this disease, particularly if it were of a virulent type. It is intended to make additional provision for advanced cases of tuberculosis at an early date, and it will be possible to utilise the beds provided for this purpose for cases of small-pox should a situation develop in which this special accommodation is necessary.

### VACCINATION.

On page 19 are details relating to vaccination tabulated for each vaccination district in the County for the years 1936 and 1937. It is not at present possible to give full details for 1937. In that year, however, there were 3,779 live births and 1,686 declarations of conscientious objection ; and the total number of certificates of successful primary vaccination of children under 14 years received was 1,682.

In 1936, there were 3,643 births registered, 1,612 declarations of conscientious objection, and 1,491 certificates of successful primary vaccination, the equivalent of 40.93 per cent. of the total births for the year.

The Public Health Committee have decided, with a view to the correlation of the duties under the Vaccination Acts with the Maternity and Child Welfare Services and for the purpose of securing eventual simplification of administration, to appoint the Chief Clerk in the County Health Office to fill any vacancy caused by the resignation of existing Vaccination Officers, and thus centralise the work. The Chief Clerk now acts as Vaccination Officer in four Vaccination Districts. (See page 7).



# Vaccination of Infants and Children.

VACCINATION OF INFANTS IN 1936.										VACCINATION OF CHILDREN UNDER 14 DURING 1937.	
Vaccination Districts.	Births registered	Successfully Vaccinated.		Insus-ceptible of Vac-cination.	Declara-tions of Conscien-tious Ob-jections.	Died Unvac-cinated.	Vaccina-tion post-poned.	Removed out of District.	Unac-counted for.	Total No. of Certificates of successful Primary Vaccination received.	No. of Statutory Declarations of Conscientious Objection actually received.
		No.	%								
*Bridgnorth ..	189	65	34.39	..	114	5	1	1	3	82	144
*Church Stretton ..	51	29	56.86	..	19	..	1	1	..	59	22
*CleoburyMortimer ..	104	46	44.23	1	52	1	4	4	..	45	45
†Clun ..	214	123	57.48	..	79	2	..	3	3	118	88
*Drayton ..	170	103	60.59	1	45	7	..	9	5	120	58
†Ellesmere ..	113	54	47.79	..	35	6	..	5	14	71	27
†Ludlow ..	133	51	38.34	..	70	6	..	4	6	40	66
†Madeley ..	341	114	33.43	..	190	10	1	19	6	160	253
*Newport ..	113	30	26.55	..	51	5	1	17	9	36	56
*Oswestry..	361	65	18.05	..	180	19	4	20	73	44	156
*Shifnal ..	166	38	22.59	1	82	3	..	42	..	51	78
*Shrewsbury ..	1077	550	51.07	3	350	43	3	56	72	600	353
*Wellington ..	367	83	22.34	..	258	15	1	1	9	118	219
*Wem ..	129	77	59.69	..	47	5	..	..	..	74	64
*Whitchurch ..	115	63	54.78	1	40	5	..	4	2	64	57
	3643	1491	40.93	7	1612	132	16	186	202	1682	1686
Percentage of											
Total No. of Births for the year	1936	40.93	.19	.19	44.25	3.62	.44	5.11	5.54		
"	1935	39.77	.19	.03	45.71	3.44	.63	5.14	5.09		
"	1934	41.10	.24	.16	46.45	4.11	.59	1.98	5.74		
"	1933	42.85	.10	.22	43.45	4.58	.65	4.04	4.14		
"	1932	42.49	.10	.22	43.7	4.16	.77	1.98	6.77		
"	1931	45.07	.2	.22	42.39	4.23	.44	2.39	5.38		
"	1930	46.83	.2	.22	42.4	4.54	.46	1.65	3.93		
"	1929	46.81	.22	.22	41.21	4.84	.32	1.52	5.08		

\* = Whole District covered by single Vaccination Officer.

† = District covered by two Vaccination Officers.

‡ = District covered by more than two Vaccination Officers.

WHOLE-TIME MEDICAL OFFICERS OF HEALTH.

*North-Eastern Group:*

All of the 7 districts have combined to make a single joint appointment.

Four of the 7 districts have combined to make a single joint appointment. Two of the other districts are still served by the same part-time Medical Officer, and the remaining district employs the Medical Officer for the South-Western Group.

All the districts in this group have always been united for the purposes of the appointment of a Medical Officer of Health, and there is no change in the arrangements.

Four of the six districts have the services of a medical officer of health not engaged in private practice, and the remaining two still employ the same part-time Medical Officer.

**POOR LAW MEDICAL SERVICES.**

**Institutional Accommodation.**—The use made of Poor Law Infirmary Accommodation is

Disease Groups.	Totals.
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Disease Groups.										Totals.							
										1937	1936						
A.	Acute Infectious Disease			..	..	..	..	..	..	43	18						
B.	Influenza			..	..	..	..	..	..	88	33						
C.	Tuberculosis		Pulmonary	..	..	..	..	..	..	12	11						
			Non-pulmonary	..	..	..	..	..	..	9	2						
D.	Malignant Disease			..	..	..	..	..	..	22	33						
E.	Rheumatism			..	..	..	..	..	..	29	37						
F.	Venereal Disease			..	..	..	..	..	..	5	3						
G.	Puerperal Pyrexia			..	..	..	..	..	..	—	—						
H.	Puerperal Fever (Women confined in the Hospital)								..	..	—	1					
I.	Diseases and Accidents connected with pregnancy and childbirth..									5	3						
J.	Mental Diseases			..	..	..	..	..	..	86	74						
K.	Senile Decay			..	..	..	..	..	..	36	62						
L.	Accidental Injury and Violence			..	..	..	..	..	..	42	34						
M.	Diseases of the Nervous System and Sense Organs					..	..	..	..	49	38						
N.	„	„	Respiratory System		..	..	..	..	..	94	92						
O.	„	„	Circulatory		..	..	..	..	..	154	134						
P.	„	„	Digestive		..	..	..	..	..	46	47						
Q.	„	„	Genito-urinary		..	..	..	..	..	29	24						
R.	„	„	Skin		..	..	..	..	..	41	56						
S.	Other Diseases			..	..	..	..	..	..	99	80						
T.	Mothers and Infants discharged from Maternity Wards and not included in the above figures										..	..	..	Mothers	..	18	6
														Infants	..	14	23
U.	Any persons not falling under any of the above headings									..	..	45	59				
												966	870				



Generally speaking, the position with regard to institutional accommodation is that, though various useful economies have been effected by the closure of certain Public Assistance Institutions since the assumption of the Poor Law functions by the County Council, no complete formal scheme of classification (other than that referred to in the Annual Report for 1935) has been under consideration.

Reference should be made to the table on page 8 for information relating to the existing hospital provision, and to the statement on page 45 for a note on the special facilities at Newport Institution for the reception of females of unsound mind.

Homes for children have been established at Church Stretton (chiefly for age group one to three years), Newport (chiefly for age group three to five years), Wellington and Shrewsbury (chiefly for age groups five to fourteen years). Although these Homes are available for this specific purpose, children must of necessity in certain circumstances continue to find their way into ordinary Public Assistance Institutions, where they remain awaiting transfer.

Details of the arrangements are given below :—

(a) **Children's Homes.**—The Medical Officers of the Homes report respectively as follows :—

*Church Stretton.*—“ The Home is situated in the Poor Law Institution, the old sick ward having been converted for the purpose. There are two dormitories containing 15 cots in all : one playroom and one dining-room. All the rooms are lofty and well ventilated. Outside, there is a garden together with a field for recreational purposes.

“ During the last three years, there have been 66 admissions and 60 discharges. The average number of children has been the maximum, viz., 15, though at the moment there are only six in residence.

“ There has been one epidemic of infectious disease, viz., measles, at Christmas-time, 1936 : about 70 per cent. of the children were affected : otherwise, the health of the children has been invariably good.

“ There are two permanent nurses in charge : the children are well fed and gain weight steadily. They are taken out of doors whenever the weather is suitable.”

*Newport.*—“ The accommodation consists of one dining-room, one day-room, and six night nurseries. These accommodate the children, ranging in age from two to five years, and numbering on an average thirty-two. During the past three years, there have been eighty-four admissions and seventy-four discharges from the Home.

“ The health of the children shows steady improvement during their stay in the Home, where they are well cared for and happy in their play. As a whole, they are a robust and sturdy-looking lot. During the year 1937 there was one case of chickenpox which actually was admitted to Newport already suffering from the disease, otherwise there was no occurrence of infectious disease.

“ The children are in charge of the Master and Matron of the Institution, and there are also one charge nurse and four attendants. I am thoroughly satisfied that the children are well looked after and shown every care and kindness.”

*Shrewsbury (Receiving Home at Pen-y-bont and Besford House at Belle Vue).*—“ There is bed accommodation for 100 children, the average number in the Homes being 99. The accommodation in Belle Vue Home is inadequate and is, I understand, under consideration : the new Receiving Home at Pen-y-bont is able to take 25 children and is working well.

“ During the past three years, there have been 135 admissions and 130 discharges—41 of the latter being to places of employment. In the same period occurred four cases of whooping cough, seven cases of scarlet fever (recently), and a few sporadic cases of measles and chicken-pox.

“ In general, the children's general health and condition are excellent. They are well clothed, well fed and happy.”



*Wellington*.—"The accommodation, which is satisfactory for present numbers, consists of a day-room and three bedrooms (with 31 beds) for the boys and a day-room and two bedrooms (with 19 beds) for the girls, all between the ages of 5 and 14 years.

"During the three years ended June, 1938, admissions totalled 177 and discharges 162. The Home is always full.

"Individual cases of illness are sent to the Institution or Hospital. Mild infectious cases are often nursed at the Home, other cases are transferred to the Institution or the Isolation Hospital.

"There were several cases of diphtheria or diphtheritic throats from October, 1936, onwards. Mumps started in January, 1937, and there have been a few cases of chicken-pox lately (June, 1938). All children where allowed by parent or guardian are immunised against diphtheria: and teeth, eyes and tonsils are seen to under the School Medical Service Scheme.

"The children are healthy, well nourished and clothed: they are well behaved and happy. They have excellent food, well cooked and served."

(b) **At ordinary Public Assistance Institutions**.—Statements supplied by the Medical Officers of the Public Assistance Institutions have been summarised thus:—

*Bishop's Castle*.—Accommodation available comprises 11 cots and a day nursery. Although adequate, the provision is not altogether satisfactory. During the past three years 34 children were admitted and 29 discharged, and no outbreak of infectious disease occurred.

*Ludlow*.—The arrangement is for children to be kept only until transfer to one or other of the County Homes is possible, as no suitable accommodation exists for them. During the past three years, twenty-two children were dealt with in this way. Their health has always been good.

*Market Drayton*.—Use is made of the Women's Ward and day-room for any children who may be admitted. Since March, 1935, there have been 124 admissions.

*Morda*.—Two wards on the first floor are utilised as nurseries, one for the healthy and the other for the sick and ailing. Each has accommodation for ten children. Admissions during the three years ended December, 1937, totalled 95, whilst the number of discharges was 94. No outbreak of infectious disease was recorded during that time.

Special precautions are taken to ensure that the kitchen utensils of the children are not also used by the other inmates.

A balcony, with a south aspect, is suggested by the Medical Officer for general convenience and to allow the children opportunity to play elsewhere than in their sleeping quarters during inclement weather.

*Shifnal*.—As far as possible, the rule is to avoid the admission of normal children or young persons as, in the absence of separate accommodation, they have to be associated with senile or adult patients and mental cases. Discharge to another Institution is therefore speedily resorted to when, in an emergency, it should be necessary to make an exception. During the past 2½ years, seventeen children were dealt with, the majority requiring treatment for some acute condition, and they did not remain after recovery. For this type of inmate, a small two-or three-bedded ward is reserved as far as practicable.

*Wellington*.—There is accommodation for 28 healthy children under the age of one year. The cots are usually kept well filled. When the balcony which is under construction is completed, the provision will be much enhanced.

Admissions during the past three years numbered 249, and discharges 259.

No actual outbreak of infectious disease has occurred for some time, but cases have been admitted from the Children's Home for isolation in side wards. Other (older) sick children are put in the main wards in suitable positions.

*Whitchurch*.—A large, well-ventilated nursery, with ample room for small children and a large grass plot as an out-door playground, constitutes the provision for children.

Admissions since 1st January, 1935, number 27, which is also the number of discharges to date. The health of the children has been consistently good: there has never been any outbreak of infectious disease.

### COUNTY COUNCIL HOSPITAL.

Whilst chiefly intended for those medical and surgical cases in need of skilled nursing for whom the alternative in most instances would be accommodation in a Public Assistance Institution, the Hospital caters to an increasing extent for maternity patients who are unable for one reason or another to be suitably confined at home. This is a particularly important facility where ante-natal treatment or supervision is required, and is also invaluable in cases of difficult labour. In addition, puerperal fever and puerperal pyrexia cases are admitted not only from this County, but also from Montgomeryshire and Radnorshire under special agreement.

Below are given particulars of the cases treated at the Hospital during 1937, with, for purposes of comparison, the corresponding figures for 1936 :—

	Adults.				Children.				Total.	
	Men.		Women.		Under 5 yrs.		5—16		1936	1937
	1936	1937	1936	1937	1936	1937	1936	1937		
Cases in the Hospital on 1st Jan. ..	59	43	64	63	25	17	3	4	151	127
Cases in Hospital on 31st Dec. ..	43	43	63	78	17	33	4	6	127	160
Total Admissions .. .. .	304	320	610	796	363	471	26	36	1303	1623
Total discharges .. .. .	224	255	555	715	355	432	25	34	1159	1436
Deaths .. .. .	96	65	56	66	16	23	..	..	168	154

#### Classification of In-Patients who were discharged from or who died in the Hospital during the year ended 31st December, 1937.

Disease Groups.								Children under 16 yrs. of age.		Men and Women.	
								Discharged.	Dead.	Discharged.	Dead.
A. Acute Infectious disease .. .. .								2	..	7	1
B. Influenza .. .. .								..	..	3	..
C. Tuberculosis Pulmonary .. .. .								1	..	8	6
Non-Pulmonary .. .. .								3	1	6	2
D. Malignant disease .. .. .								..	..	15	30
E. Rheumatism—											
(1) Acute and Sub-acute, including chorea .. .. .								7	..	2	..
(2) Non-articular manifestations .. .. .								..	..	2	..
(3) Chronic arthritis .. .. .								..	..	9	..
F. Venereal disease .. .. .								1	..	6	..
G. Puerperal pyrexia .. .. .								..	..	23	..
H. Puerperal fever .. .. .								..	..	2	3
I. Other diseases and accidents of pregnancy .. .. .								2	..	77	..
J. Senile decay .. .. .								..	..	9	7
K. Injury and Violence .. .. .								3	..	58	12
L. Disease of the Nervous System and Sense Organs .. .. .								1	..	31	5
M.     "     "     Respiratory System .. .. .								14	1	56	14
N.     "     "     Circulatory System .. .. .								3	..	57	26
O.     "     "     Digestive System .. .. .								10	..	62	5
P.     "     "     Genito-Urinary System .. .. .								1	..	37	15
Q.     "     "     Skin .. .. .								14	..	40	..
R. Other diseases .. .. .								34	19	36	7
S. Mothers and Infants discharged from Maternity Wards and not included in the above figures—											
Mothers .. .. .								..	..	420	..
Infants .. .. .								374	..	..	..
								470	21	966	133



The following are extracts from the **Report of Dr. S. Burke, Resident Medical Officer**, being brief particulars of the work undertaken during the year at the County Council Hospital :—

		1937	1936	1935
Total number of .. .. .	{ Admissions .. ..	1623	1303	1205
	{ Discharges .. ..	1436	1159	1004
	{ Deaths .. ..	154	168	190
Number of beds occupied during year	{ Average .. ..	126	128	126
	{ Highest .. ..	155	153	164
	{ Lowest .. ..	104	107	111
Number of surgical operations performed in the Operating Theatre		136	81	103

*Antenatal Clinic.*—A clinic is held every Saturday morning where all booked cases are seen and advice is given. The average number in attendance was 8 per session.

	1937	1936	1935
<i>Maternity.</i> —Cases admitted .. .. .	430	331	239
Average duration of stay—14 days. No. of infants not entirely breastfed—14.			

*Midwifery—Abnormal :—*

Caesarean Sections .. .. .	17
Forceps Delivery .. .. .	31
Other conditions .. .. .	43

*Maternal Deaths* (of patients confined in Hospital) 1. (Cause :—Eclampsia and Pulmonary Oedema).

*Stillbirths* 35. *Death within 10 days of birth* 12.

*Puerperal Pyrexia.*—23 cases were treated during the year and all recovered.

*Puerperal Fever.*—5 cases were treated, three of whom died.

*Ophthalmia Neonatorum.*—1 case notified (transferred to Eye, Ear and Throat Hospital, Shrewsbury).

*Tuberculosis.*—Nine shelters are provided for the treatment of cases of Pulmonary Tuberculosis in an infectious condition which cannot properly be looked after at home.

		In Hosp. Jan. 1st.	Admitted.	Discharged.	Died.	In Hosp. Dec. 31st.
Pulmonary—Males .. .. .	.. .. .	2	13	6	4	5
	Females .. .. .	..	5	2	2	1
	Children .. .. .	..	1	1	..	..
		2	19	9	6	6
Non-Pulmonary—Males .. .. .	.. .. .	2	..	2	..	..
	Females .. .. .	..	7	4	2	1
	Children .. .. .	..	5	3	1	1
		2	12	9	3	2
Total .. .. .		4	31	18	9	8

*Malignant Disease.*—Forty-five cases of Carcinoma were treated. Their classification is as follows :—

Uterus .. 2	Breast .. 4	Larynx .. 1	Rectum .. 7
Tongue & Mouth 3	Skin .. 3	Bladder .. 1	Other sites .. 24

### MATERNITY AND CHILD WELFARE.

The Maternity and Child Welfare Services can only be developed to their fullest usefulness if they are hinged round a sufficient number of suitable Welfare Centres. While this county probably compares favourably with other counties of a like nature in the provision of Centres, there are still a few areas in which these Services could be extended, and it is also unfortunately a fact that some of the existing Welfare Centres are not suitable for the services which they are primarily intended to secure.



**Notification of Births.**—Births, with the exception of those occurring in the Borough of Shrewsbury, must be notified to the County Medical Officer of Health by the midwife, doctor in attendance at the confinement, or other responsible person. The following are the particulars :

Live-Births.	Average 1931—35	Actual 1936	Actual 1937
Notifications—			
by midwives .. ..	2,791	2,686	2,950
by medical practitioners .. ..	367	343	237
by parents .. ..	1	—	—
Births otherwise ascertained—			
discovered by Health Visitors .. ..	—	5	4
reported by local Registrars .. ..	36	13	21
	3,195	3,047	3,212

During the year, 140 still-births were registered and 140 notified—118 by midwives and 22 by medical practitioners.

In the Borough of Shrewsbury, which is an independent Maternity and Child Welfare Authority, 587 live births and 24 still-births were registered during the year.

**Medical, Health Visiting and Nursing Services.**—The Assistant School Medical Officers are also the Medical Officers for Maternity and Child Welfare Work, to which they devote three-tenths of their time.

There were thirteen whole-time health visitors in 1937 whose work included attendance at child welfare centres, ophthalmia neonatorum nursing, tuberculosis visiting and attendance at tuberculosis dispensaries, measles visiting, supervision of mental defectives and also duties as Infant Protection Visitors. Ten of the whole-time health visitors were also engaged in school work and attended school medical inspections, school clinics, eye clinics, and visited physically defective school children. In addition, on 1st July, 1937, 59 district nurses were also part-time health visitors.

#### Visits paid by Health Visitors.

Health Visiting Staff.	To Children.				To expectant mothers.
	under 1 year.		1 to 5 years.	Total.	
Whole-time (12) .. ..	1st 2,115	Total. 10,427	16,509	26,936	698
Part-time (59) .. ..	1,347	11,325	14,756	26,081	7,595
Totals for 1937 .. ..	3,462	21,752	31,265	53,017	8,292
Totals for 1936 .. ..	3,196	22,297	34,358	56,655	8,156
Average 1931—1935 .. ..	3,321	20,965	29,394	50,359	7,361

**Insanitary Conditions.**—Particulars of the following insanitary conditions reported on by the health visitors found in the course of their duties were forwarded to the Sanitary Authorities for their attention, viz. :—

Unsatisfactory water supplies 10, inadequate ventilation 49, uncleanness 61, dampness 45, overcrowding 80, and nuisances 11.

*Measles Visiting.*—Infants suffering from measles are visited by the whole-time health visitors. During the year 122 cases were visited.

*Dental Treatment.*—Nursing and expectant mothers as well as other young mothers with families who are not in a position to pay for private treatment receive it by arrangement with the School Dental Officers at the Welfare Centres.

The following are particulars of the work done. No dentures were provided at the cost of the County Council :—

	Expectant Mothers.		Nursing Mothers.		Children under 5 years.	
	Extractions.	Fillings.	Extractions.	Fillings.	Extractions.	Fillings.
Mr. F. H. Birch .. ..	34	1	41	0	5	0
Mr. G. R. Catchpole .. ..	47	0	24	0	42	0
Mr. S. Keenan .. ..	12	0	37	0	9	0
	93	1	102	0	56	0

*Orthopaedic Cases.*—See under Orthopaedic Section, page 38.

**Maternity and Child Welfare Centres.**—Of the fourteen Welfare Centres in the County, nine are held weekly, and five (at Church Stretton, Ellesmere, Newport, Highley, and Wem), fortnightly.

At most of the centres a school clinic is held in the morning, the latter part of the day being devoted to maternity and child welfare work. There are no clinics for ante-natal cases only, and this work is done in conjunction with the child welfare work, although an effort is made, as a rule, to do the ante-natal work during those parts of the day when the Centres are least busy.

Attendances made at the Child Welfare Centres for 1936 and 1937 are given in the table on page 27, and it is satisfactory to note that the figures for 1937 show an improvement on the previous year, particularly in the case of the expectant mother.





Under an arrangement with the Borough of Shrewsbury, the County Council makes a small payment per case attending the Shrewsbury Welfare Centre or Ante-natal Clinic. This arrangement proves very helpful with County Council cases resident near Shrewsbury who are not conveniently situated for attending a County Council Welfare Centre.

During the year 25 expectant mothers made 47 attendances, and 26 children under five years of age made 69 attendances.

*Addresses at Welfare Centres.*—When time and opportunity allow, addresses on subjects of importance to health are given in the Welfare Centres by doctors, health visitors, dentists and voluntary workers.

The following are the particulars for the years 1931 to 1937 :—

Welfare Centres.	No. of Addresses.						
	1931	1932	1933	1934	1935	1936	1937
Bridgnorth .. ..	10	17	33	32	26	20	17
Church Stretton .. ..	6	4	5	10	5	9	7
Dawley .. ..	45	47	48	45	42	51	50
Ellesmere .. ..	0	1	0	0	0	5	6
Highley .. ..	21	22	19	11	14	14	16
Ironbridge .. ..	15	27	47	44	34	33	14
Ludlow .. ..	0	27	37	42	40	37	38
Market Drayton .. ..	48	52	51	50	35	48	42
Newport .. ..	0	3	8	8	9	5	2
Oakengates .. ..	33	37	31	30	20	18	13
Oswestry .. ..	5	10	11	6	7	3	3
Wellington .. ..	48	52	50	49	43	49	51
Wem .. ..	0	0	6	18	13	13	10
Whitchurch .. ..	16	12	23	22	26	31	30
Totals ..	247	311	369	367	314	336	299

**Feeding of Infants.**—The first visit of the health visitor to an infant is paid as soon as possible after the midwife has ceased attendance on the mother.

		1931	1932	1933	1934	1935	1936	1937
Percentage naturally fed	first visit ..	89.2	88.2	88.8	88.1	90.1	91.7	87.9
	three months ..	73.5	74.7	72.4	71.9	69.2	68.2	69.6
	six months ..	65.4	66.1	63.2	62.5	60.7	59.9	57.2

**Ophthalmia Neonatorum.**—Reluctance on the part of the parents to consent to hospital treatment on account of what appears to them to be a comparatively trivial condition, is understandable enough ; but an effort is made to get all cases of ophthalmia neonatorum removed to hospital because of the seriousness of a condition which might quite easily, if not properly dealt with, cause actual and complete blindness.

During the year, 37 cases of ophthalmia neonatorum were notified, 15 more than in the previous year. All of the cases recovered with apparently no injury to the eyesight.

**County Home for Ailing Babies.**—The County Council works through a local committee which includes representatives from the Public Health Committee. A complete financial statement is furnished monthly to the County Council.

The number of babies admitted to the Home was 74 (14 less than in the previous year), and the average duration of stay was 68 days (3 more than in 1936).

Dr. Elfyn T. Jones, Medical Officer of the Home, states in his Annual Report :—

“ There has been an appreciable decrease in the number of babies admitted to the Home during the year. This was due to the fact that on two occasions the admission of new cases to the Home had to be stopped, firstly, because of the occurrence of a case of Measles amongst the infants in the Home, and secondly, because of illness amongst the Nursing Staff.

“ Measles was brought in by an infant who, we later discovered, had had a rash, previous to his admission. One infant in contact with the latter, then developed measles, but immediate isolation prevented any further spread. This necessitated the Home being closed for three weeks.”

“ During the year there were 10 deaths in the Home. Of these deaths, 6 occurred within a short time of admission—3 within 8 hours, and 3 within three days. Two of these infants were suffering from meningitis and should have been sent to a Hospital and not the Home. The other 4 infants were in a dying condition when admitted.

“ Four other infants died from a constitutional defect, which despite careful nursing and treatment it was found impossible to overcome.

“ The reasons for admission to the Home were as follows :—

Malnutrition	..	..	..	49	Marasmus	..	..	..	2
Digestive Disturbances	..	..	..	4	To restore Breast Feeding	..	..	..	3
Prematurity	..	..	..	9	T.B. Contacts	..	..	..	2
Debility	..	..	..	3	Fits	..	..	..	2

“ Of those discharged, 53 were in good health, 1 had improved, and in 9 cases there was no improvement. All these cases of no improvement were transferred to Hospital for either surgical or special medical treatment. Six made an uninterrupted recovery, and three died.”

**Supply of Free Milk.**—Milk is supplied free in necessitous cases to expectant mothers after the third month of pregnancy, to nursing mothers, and to children under the age of three years. The sum of £2,261 was spent on free milk in the year ended March, 1938—£369 more than in the previous year.

**Infant Life Protection.**—Infant Life Protection cases are put under the supervision of the whole-time Health Visitors, who are required to visit them at least once a quarter, or more frequently should the home conditions or health of the child not be found satisfactory.

The following are the particulars of the cases supervised during the last five years :—

		1933	1934	1935	1936	1937
Number of cases	on 1st Jan.	146	177	186	168	143
	on 31st Dec.	177	186	168	143	123
	added during the year	71	44	37	21	22
No. of cases removed from Register	reached 9 years of age	7	8	22	21	15
	legally adopted	4	4	3	6	4
	left County	13	10	11	10	8
	removed to relatives	13	11	17	6	13
	died	0	2	2	1	2
	removed to places of safety	3	0	0	2	0

**Midwifery Services.**—In 1936, there were 236 midwives practising in the County, 1 of whom was untrained. In the year under consideration there were 242 registered midwives engaged in midwifery practice in Shropshire, all of whom were trained women.

*Midwives Act, 1936.*—The principal effect of this Act is that, amongst other things, it requires the County Council to formulate and put into operation not later than 30th July, 1937, a scheme to secure throughout the County a domiciliary service of whole-time salaries midwives. Such a scheme has been adopted by the Council and is now in operation, but is subject to revision not later than 30th July, 1939.

*Training of Midwives.*—By an arrangement with the County Council, the Shropshire Nursing Federation sends suitable candidates for training as midwives.

During 1937, there was one midwife who completed her training, making 129 the total number of midwives trained by the County Council under this arrangement since 1921.



*Payments to Medical Practitioners under Midwives Acts.*—The number of claims for payment under the Midwives Acts sent in by medical practitioners was 868, and payments amounting to £1,386 were made to them during 1937. During the previous year the claims numbered 695, and payments totalled £1,070.

*Compensation to Midwives.*—Six midwives surrendered their certificates, three voluntarily and three compulsorily, and compensation amounting to £478 1s. 10d. was paid in accordance with section 5 of the Midwives Act, 1936.

Early in 1936, the Council decided to undertake, in approved instances, the payment of compensation to midwives for loss of fees on account of cases for which they were engaged having been sent to Hospital as a result of serious complication in pregnancy. This arrangement does not of course apply to District Nursing Associations, as the grants made by the County Council under the Midwives Acts covers loss of income from such cases.

#### Statistics relating to Work under Midwives Acts.

Year	Midwives practising in December.	Visits of Inspection.	Notifications received from Midwives.					
			Medical help.	Still-birth.	Death of mother or Child.	Artificial Feeding.	Liability to be a source of infection.	Having laid out Dead Body.
1920	240	651	733	70	8	60	9	23
1925	261	694	882	48	3	51	28	22
1930	263	845	1192	57	8	47	59	38
1935	221	494	1187	45	20	37	140	57
1936	236	324	1043	39	23	46	101	56
1937	242	359	1223	40	23	67	140	62

**Maternal Deaths.**—In 1937 there were in Shropshire 15 maternal deaths directly or indirectly due to pregnancy. In four of the 15 cases a doctor had been engaged prior to the confinement. The Maternal Death-rate in this County according to the official returns of the Registrar-General, was 3.97 per thousand live births, as compared with 4.39 per thousand for the previous year.

The following table gives particulars relating to maternal deaths in this County since 1930, and it will be observed that no fewer than 67 deaths out of a total of 153 were the result of a first pregnancy. This fact brings out the great importance of attendance to the health and general well-being of the mother who is approaching her first confinement, and also the need for skilled nursing and skilled medical attendance when it takes place.

#### Maternal Deaths 1930 to 1937.

Year.	Causes of Deaths Investigated.					Death-rate per 1,000 live births.		
	All causes.	Puerperal Fever.	Puerperal Pyrexia.	Other.	Number in first confinement.	Shropshire. Local Statistics.	Official Statistics.	England and Wales.
1930	21	4	4	13	11	5.13	5.37	4.40
1931	21	5	5	11	12	5.31	5.31	4.11
1932	18	9	2	7	6	4.77	3.97	4.24
1933	22	7	1	14	13	6.00	5.57	4.42
1934	24	7	2	15	11	6.52	5.43	4.60
1935	15	8	1	6	4	4.16	4.43	4.10
1936	18	4	..	14	5	4.93	4.39	3.81
1937	14	3	..	10	5	3.97	3.97	3.23
	153	47	15	90	67	5.10	4.90	..



The statistics of the Registrar-General do not always correspond with local data, but should be taken for the purpose of comparing the maternal death-rate in Shropshire with that for England and Wales. The difference between *Official Figures and Local Figures* is probably in some cases accounted for by the fact that the Registrar-General bases his return on the death certificates, some of which may attribute the cause of death of a pregnant woman to a disease which complicates the pregnancy and is not recognisably connected with it. To what extent it is justifiable to include some of the cases in the local statistics is doubtful; but, as the complicating condition must have been a contributory factor, for the purposes of local statistics these cases have been looked upon as maternal deaths inasmuch as they must form part of the larger problem if the maternal mortality rate as a whole is to be faced and reduced. *It would be advantageous for the purpose of compilation of accurate data, if a definition of what constitutes a maternal death were formulated in the manner of the definition in force to secure the notification of cases of puerperal pyrexia.*

**Puerperal Fever and Puerperal Pyrexia.**—Arrangements have been made for the admission of these cases to the County Council Hospital; or, if the medical practitioner in attendance so desires, a nurse is provided through the agency of the Shropshire Nursing Federation to look after the patient in her own home.

As regards 1937, it should be noted that after 1st October no cases were notified as Puerperal Fever, but all were included under the term Puerperal Pyrexia in accordance with the regulations of the Ministry of Health.

Prior to the 1st October, 49 cases of Puerperal Pyrexia (one of whom died) and 12 cases of Puerperal Fever (two of whom died) were notified. Since that date ten cases of Puerperal Pyrexia have been notified. In the previous year there was a combined total of 45 cases due to puerperal fever or puerperal pyrexia, four of whom died.

**Pemphigus.**—No case of Pemphigus occurred during the year.

**Obstetrical Consultant and Consultant under the Puerperal Fever and Puerperal Pyrexia Regulations.**—The services of a Consultant are now available for any doctor who desires a second opinion or assistance as the result of a serious complication or emergency arising during pregnancy parturition, or the puerperium.

During the year a consultant's opinion was secured in 14 confinement cases.

**Sterilised Maternity Outfits.**—Authorisation was given last year for sterilised maternity outfits to be supplied in suitable cases for a trial period of twelve months. As only seven outfits were supplied, it will be seen that very little use has been made of this service so far.

**Provision of Maternity Beds.**—The following are the arrangements made for the provision of maternity beds by the County Council:—

*County Council Hospital.*—Inclusive of puerperal cases, 35 beds are available for all classes of midwifery patients. During the year 458 patients were admitted, of whom 28 were cases of puerperal fever or puerperal pyrexia.

*Newport Nursing Home.*—Two beds are always available here. The County Council pays an annual fee of £10 per bed towards their maintenance, and a guinea a week in necessitous cases. During the year 3 County Council cases were admitted for periods of ten, eleven and fourteen days respectively.

*The Lady Forester Hospitals, Broseley and Much Wenlock.*—There are six maternity beds at Broseley hospital and four beds at Much Wenlock hospital. Occasionally other beds have been used. The County Council has agreed to pay £1 1s. a week towards the cost of any case recommended that cannot afford the fee. Six cases were sent during the year.



*Hostels for unmarried mothers and their infants.*—An arrangement is in force with the Mrs. Legge Memorial Home, Wolverhampton, by which patients are admitted for six months, the County Council paying £2 a week for the first six weeks, the expense of the remainder of the period being borne by the Home. One case was sent during the year.

*Institutional Treatment of expectant and nursing mothers and their infants suffering from Venereal Diseases* is carried out under the Venereal Diseases Scheme at Cleveland House, Wolverhampton. Six cases were sent during the year (see page 49).

### MATERNITY AND NURSING HOMES.

**Registration.**—Any person carrying on a nursing home without having had it duly registered is liable to a penalty. Application for registration must be made to the Local Supervising Authority, namely, the County Council, on a prescribed form accompanied by a fee of 5/-. The Local Supervising Authority has power to grant exemption from registration in certain cases, and registration has not been insisted upon in the case of the following Institutions:—

Eye, Ear and Throat Hospital, Shrewsbury.  
King Edward VII. Memorial Sanatorium, Shirlett.  
Lady Forester Hospitals, Broseley and Much Wenlock.  
Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry.  
Royal Salop Infirmary, Shrewsbury.

**Inspection.**—The Inspector of Midwives is also the Inspector of Nursing Homes, and she makes a report after each visit. An effort is made to visit each Home once a quarter. She is also required to inspect and report fully upon any Nursing Home in respect of which an application has been made for registration. During the year sixty-seven inspections were made.

**Accommodation provided.**—During the year one new nursing home was registered and three were closed. The keeper of one of these Homes left the County, and the keepers of the other two surrendered their certificates of registration.

No. of Homes taking <i>general</i> cases only	..	..	..	..	..	..	9
Patient accommodation :—111 beds and 6 cots.							
No. of Homes taking <i>maternity</i> cases only	..	..	..	..	..	..	8
Patient accommodation :—17 beds							
No. of Homes taking both <i>maternity and general</i> cases	..	..	..	..	..	..	15
Patient accommodation :—147 beds and 3 cots.							

In all, therefore, there are 32 Homes on the Register, the total patient accommodation being 275 beds and 9 cots.

### TUBERCULOSIS.

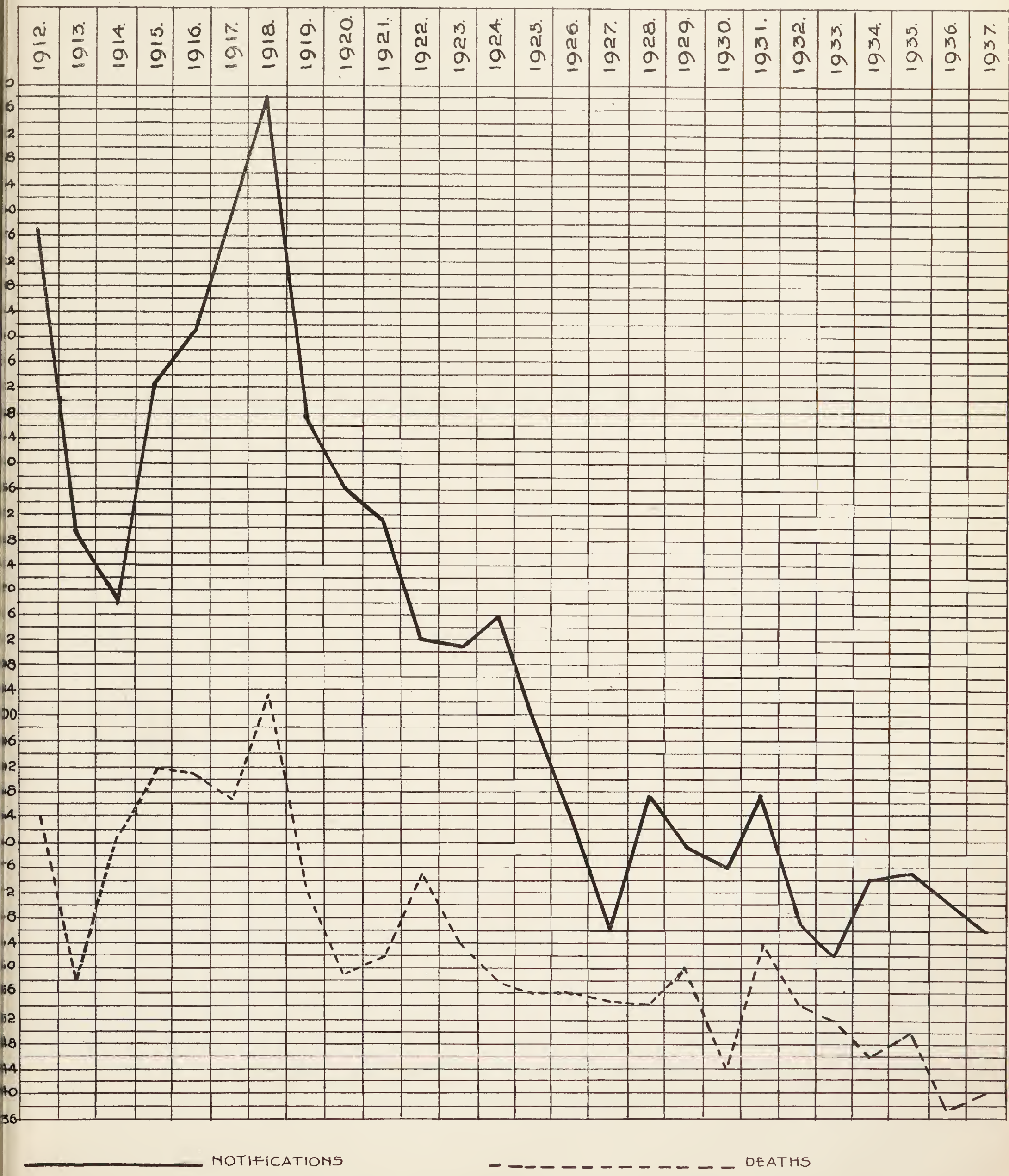
**Dr. Watkin** comments as follows:—

“Anti-Tuberculosis measures in this County cannot be considered satisfactory until two further steps are taken. There is, in the first place, an urgent need for bringing into operation the scheme for better accommodation for advanced cases of Tuberculosis. The eleven beds at Prees Heath Sanatorium, though admirable for this purpose, are quite inadequate in number and have of necessity to be used only for women. There is, therefore, no proper provision for men, and they have to be placed in open-air shelters at the County Council Hospital or one or other of the Public Assistance Institutions. To treat very ill or dying patients in these shelters is very far from satisfactory, as, although a free circulation of fresh air is essential, these patients also need warmth and comfort and nurses always at hand to attend to their needs. Proper nursing supervision when each patient is in a separate shelter is well nigh impossible.

“The second need is for an arrangement by which operative treatment for pulmonary disease may be made available for the small proportion of patients requiring it. As a result of recent advances in surgical knowledge, it is now possible to effect a cure in certain cases where formerly there was little room for hope. The Public Health Committee has agreed to the proposal in principle, and it is hoped that an arrangement may be made with some institution within easy reach of Shropshire.”



PULMONARY TUBERCULOSIS NOTIFICATIONS AND DEATHS.  
RATES PER 1,000 OF POPULATION 1912-1937.







The necessity for making provision for surgical treatment of cases of Tuberculosis of the lungs is further enlarged upon by **Dr. T. R. Elliott**, who states :—

“ In recent years the surgical treatment of Pulmonary Tuberculosis has made a very definite advance.

“ Artificial Pneumothorax treatment has been carried out at Shirlett Sanatorium for a number of years, but a certain number of patients require more complicated surgical operations, and for the latter we have at present no provision in our scheme.

“ These operations require special skill which cannot be provided at Shirlett Sanatorium without the services of an experienced chest surgeon, the provision of an operating theatre, sterilising plant, and special recovery rooms.

“ The number of cases requiring this special treatment is small, and does not justify the expenditure of a large capital sum on the provision of this at Shirlett Sanatorium.

“ At present cases requiring this special surgical treatment are sent to the Brompton Hospital. This, however, is not satisfactory, as there is great demand on the beds at the Brompton Hospital, which leads to a long period of waiting before admission. This tends to increase the patient's anxiety, and there is also the risk of the patient's condition becoming worse during the waiting period.

“ Owing to the fact that the Brompton Hospital is in London it is extremely difficult for a consultation to be held between the Tuberculosis Officer and the Hospital Physician or Surgeon with regard to the treatment of the case, and again, it is very difficult for the patient's relatives to visit them owing to the expense.

“ It would appear that the solution lies in a combination of neighbouring County Areas to provide this treatment, preferably at one of the large Sanatoria in the area, rather than at a General Hospital. They would then have a skilled Tuberculosis Physician to look after them, in an Institution specially equipped for their treatment.

“ Shropshire are approaching the Cheshire County Council to see if an arrangement can be made to have these cases treated at the Cheshire Joint Sanatorium. This Institution has all the modern facilities for the operative treatment and skilled after-care so necessary, as well as being within convenient reach, so that the Tuberculosis Officers will have all facilities for a consultation with the Medical Superintendent, as well as being easily accessible to the relatives of the patient.”

**Notifications and Deaths.**—The table below gives notifications and deaths from all forms of tuberculosis, grouped as pulmonary and non-pulmonary cases. There was no evidence of excessive incidence of, or mortality from, tuberculosis in any particular occupation in the county during the year, and it will be noticed that the number of notifications of *pulmonary tuberculosis* decreased by 11, while the number of deaths increased by 2. In the case of *other forms of the disease*, the number of notifications decreased by 7, but there was an increase of 16 in the number of deaths.

Notification previous to death was not received in 8 of the cases of pulmonary tuberculosis and also in 8 of the cases of non-pulmonary forms of the disease. Two of the 8 cases of pulmonary tuberculosis which were not notified before death, died in an institution outside Shropshire, one of the remaining 6 died in an institution within this County, and in one instance the cause of death was revealed only after post-mortem examination. The ratio therefore, of notifications after death to notifications before this occurred was 1 to 16, which is a slight improvement on the previous year, when the ratio was 1 to 15. Although notification is compulsory, as there was no evidence of wilful neglect in this matter it was not necessary to take any action to enforce it.

An enquiry into the home conditions of the 158 patients notified as suffering from pulmonary tuberculosis showed that at the time of notification 72 had separate bedrooms, 23 shared bedrooms but had a separate bed, 42 shared beds, 4 objected to the enquiries of the health visitor, in 9 cases inquiries were not considered necessary (the home conditions being good and full precautions taken), and in 8 instances the information was unobtainable for a variety of reasons. The smallness, bad ventilation, and bad construction of many of these bedrooms were obviously factors which must have contributed to the spread of infection.

**Notifications of, and Deaths from, Tuberculosis, 1937.**

Age periods of cases.	New Cases.				Deaths.			
	Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
	M.	F.	M.	F.	M.	F.	M.	F.
0—1 .. ..	0	0	2	1	0	0	1	2
1—5 .. ..	1	1	11	9	0	0	6	2
5—15 .. ..	3	8	21	22	1	1	3	3
15—25 .. ..	23	18	7	11	7	9	2	2
25—35 .. ..	25	15	5	3	14	13	3	1
35—45 .. ..	19	8	4	6	13	9	4	3
45—55 .. ..	10	10	1	2	10	7	2	2
55—65 .. ..	7	6	0	2	4	2	1	0
65 and upwards .. ..	3	1	2	2	4	3	1	1
	91	67	53	58	53	44	23	16
TOTALS FOR 1937 ..	158		111		97		39	
TOTALS FOR 1936 ..	169		118		95		23	

**Relationship of Deaths to Notifications.**—The following Table gives particulars of notifications and deaths in five-yearly periods :—

Five-year Periods.	Pulmonary		Other Forms		Total.	
	Notifications.	Deaths.	Notifications.	Deaths.	Notifications.	Deaths.
1916—20 .. ..	375.2	187.8	*	*	*	*
1921—25 .. ..	279.0	151.6	119.0	33.6	398.0	185.2
1926—30 .. ..	192.4	128.8	126.8	37.2	319.2	166.0
1931—35 .. ..	178.6	128.8	100.2	32.0	278.8	160.8

\* Statistics not available.

**Death-rates from Pulmonary Tuberculosis.**—As the smallness of the population in the individual sanitary districts makes for wide variations in the tuberculosis death-rates from year to year, the table below gives particulars with regard to death-rates for each Sanitary District in ten-yearly periods from 1901 to 1930, and for the seven-year period 1931—1937. The rates for 1931—1937 are, however, not strictly comparable with those for the ten-yearly periods, as in 1934 alterations were made in the boundaries of certain districts.

During the seven-year period 1931—1937, the Rural District of Atcham, with a population of over 18,000, had the notably low death-rate from Pulmonary Tuberculosis of .265 per 1,000. Among Urban Districts, the lowest rates for the same period were in the industrial areas of Dawley (.399) and Oakengates (.440). The latter district has shown a consistently low rate since 1901, before which figures are not available. Ludlow Borough, which during the ten-yearly period 1921—1930 showed a considerable improvement, again returns the highest death-rate in the county (.896). Oswestry Borough (.837) is the only other area in the county with a rate over .800).



## Death-rates from Pulmonary Tuberculosis in each Sanitary District, 1901—1937.

Sanitary Districts.	Estimated Population, 1937.	Average of Death-rates per 1000 for ten year periods.			Average of Death-rates per 1000 for 1931 to 1937	Death-rates per 1000 for 1937.
		1901 to 1910	1911 to 1920	1921 to 1930		
URBAN.						
Bishop's Castle .. ..	1,312	1.508	1.520	.470	.632	1.524
Bridgnorth .. ..	5,243	1.304	.971	.905	.654	.572
Church Stretton .. ..	2,222	.453	.939	.610	.553	0
Dawley .. ..	7,680	.821	.901	.654	.399	.521
Ellesmere .. ..	1,890	.803	.915	.481	.442	.529
Ludlow .. ..	5,729	1.350	1.468	.737	.896	.698
Market Drayton .. ..	4,865	†	.721	.535	.477	0
Newport .. ..	3,473	1.234	.976	.583	.462	.288
Oakengates.. ..	10,710	.777	.450	.542	.440	.280
Oswestry .. ..	9,778	1.168	1.210	.989	.837	.920
Shrewsbury .. ..	38,120	1.217	.990	.750	.513	.498
Wellington .. ..	9,619	1.072	.933	.570	.559	.520
Wem .. ..	2,209	.709	.399	.455	.458	1.811
Wenlock .. ..	13,640	1.407	1.059	.602	.598	.293
*Whitchurch .. ..	6,310	.770	.955	.479	*	*
† No data available.						
RURAL.						
Atcham .. ..	18,450	1.011	.859	.493	.265	.217
Bridgnorth .. ..	11,860	.599	.457	.446	.470	.253
*Burford .. ..	*	.980	.479	1.098	*	*
*Chirbury .. ..	*	1.205	.956	.523	*	*
*Church Stretton .. ..	*	.825	.719	.496	*	*
*Cleobury Mortimer .. ..	*	.656	.735	.579	*	*
Clun.. ..	9,959	.967	.852	.396	.346	.402
Drayton .. ..	8,228	.740	.597	.383	.358	.486
Ellesmere .. ..	6,971	.903	.388	.328	.417	.143
Ludlow .. ..	13,680	.535	.626	.433	.411	.295
*Newport .. ..	*	.875	.715	.544	*	*
Oswestry .. ..	15,560	.821	.864	.513	.490	.257
Shifnal .. ..	7,573	.746	.635	.512	.320	.132
*Teme .. ..	*	1.128	.979	.480	*	*
Wellington .. ..	15,930	.870	.808	.684	.616	.691
Wem .. ..	9,789	.828	.565	.441	.546	.120
*Whitchurch .. ..	*	.521	.308	.193	*	*
Urban Districts .. ..	122,800	1.133	.960	.679	.550	.489
Rural Districts .. ..	118,000	.825	.700	.525	.435	.314
Whole County .. ..	240,800	.961	.816	.580	.492	.403
England and Wales ..	41,031,000	1.146	1.007	.768	.646	.58

\* These have ceased to exist as separate districts.

**Supervision and Examination of Contacts.**—On notification of a case of pulmonary tuberculosis, the health visitor makes a full report on the home conditions and visits at regular intervals. Every case of ill-health is reported without delay to the Tuberculosis Officer, who immediately carries out a medical examination. Children of school age from phthisis homes are also examined at each medical inspection by an Assistant School Medical Officer, and doubtful cases are referred for further examination by the Tuberculosis Officer. Seventeen cases of tuberculosis, 9 adults and 8 children, were discovered amongst the 432 contacts examined during the year.

The importance of examination of contacts is emphasised by the fact that during the past eight years, out of 1,342 adults and 2,374 children examined, 158 adults and 29 children were found to be suffering from pulmonary tuberculosis, or a percentage of 11.8 in the case of adults, and 1.2 in the case of children.

**Home Visitation by Tuberculosis Officers and Health Visitors.**—In addition to visits to the home for the purpose of examination of notified cases, “contacts,” and “suspects,” the services of the Tuberculosis Officers are always available to any Medical Practitioner in doubt about a patient who wishes to have the benefit of a second opinion. For one or other of the above reasons the *Tuberculosis Officers* visited during 1937 a total of 946 cases, and the total number of visits paid by the *Health Visitors* to phthisis homes was 3,084. Below are given particulars of the visits of the Tuberculosis Medical Officers :—

On Notification .. ..	30	On discharge from Sanatorium .. ..	29
To Contacts .. ..	141	On other occasions .. ..	362
To suspicious cases .. ..	384		

**Examination of Sputum.**—The County Council provides facilities for the examination of specimens of sputum, and medical practitioners are urged to take the fullest advantage of them. The total number of sputum examinations made during the year was 662.

Of the 158 cases of phthisis notified during 1937, a positive sputum was obtained from 74 patients. In 33 cases the result of the examination was negative, and in 37 cases there was no sputum to examine. Of the remaining 14 cases, 5 were patients in institutions, 8 patients died before specimens of sputum could be obtained, and 1 left the county.

The results of all sputum examinations are sent to the Health Visitors, who are instructed to pay particular attention to cases from whom a positive sputum has been obtained, as such patients are, of course, the most infectious.

**Shelters.**—There are at present 143 shelters in the County, 131 of which have been provided by the County Council.

**Care Scheme.**—There is a Central Care Committee, and there are also local Care Committees covering the whole County. The object of these Committees is to keep in touch with all cases of phthisis throughout the County, and by means of advice and help, to enable the patient to live as far as possible a “sanatorium life.” Unfavourable conditions requiring special action are reported to the Tuberculosis Officers.

During 1937 artificial pneumothorax was induced in 6 new cases, and there are now 13 cases who regularly attend the treatment centres. Arrangements have been made for this form of treatment to be given at the Shrewsbury Tuberculosis Dispensary, Wellington Public Assistance Institution and Shirlett Sanatorium. During the year 194 refills were given.

**X-Ray Examination.**—The X-Ray installation in the Tuberculosis Dispensary at 17, Belmont, Shrewsbury, has made possible the pneumothorax treatment mentioned above, and is proving of great assistance with other branches of the work, especially in the diagnosis of early cases.

During 1937, 764 X-Ray films were taken.

**Light Therapy.**—A Quadruple Carbon Arc Lamp for general treatment and a Tungsten Arc Lamp for local treatment are used for the treatment of cases of tubercular glands and tuberculosis of the skin. During the year 16 cases attended, and 790 treatments were given.



**Tuberculosis of Bones and Joints.**—Such cases are dealt with under the Orthopaedic Scheme, for particulars of which see page 38.

**Babies Home Scheme.**—This scheme is the outcome of the application of the principles involved in the prevention of tuberculosis, as no individual is more susceptible than a newly-born child ; and no one is more likely to convey infection than a mother who is suffering from the pulmonary form of the disease. For particulars of the work of the Babies' Home, see page 29.

**Prees Heath Sanatorium.**—There are eleven beds in this hospital, which is intended for the reception of small-pox cases, but which is utilised, in the absence of an outbreak of this disease, for the accommodation of patients in an advanced stage of pulmonary tuberculosis who are highly infectious and who cannot otherwise be properly provided for. During the year nine patients were admitted to Prees Heath Sanatorium, seven were discharged, and four died.

**Shirlett Sanatorium.**—There are 62 beds in this Institution, which has been provided by the Association for the Prevention of Consumption in the County of Salop and the Hundred of Maelor, and to which the County Council send all cases of pulmonary tuberculosis likely to improve under institutional treatment. The following are the particulars of the admissions, discharges and deaths during 1937 :—

	Admitted.	Discharged.	Died.
Males .. .. .	53	48	5
Females .. .. .	32	31	2

**Analysis of the Cases admitted to Shirlett Sanatorium since its opening in 1911.**

Year	Patients admitted.	Known to be Alive.	Known to be Dead.	Left County.	Unaccounted for.	Cured.	Non-Tuberculous.†
1911	38	10	20	7	1	..	..
1912	74	28	30	11	3	2	..
1913	80	28	40	9	1	2	..
1914	114	34	61	13	1	5	..
1915	133	41	56	24	1	10	1
1916	158	42	71	27	..	17	1
1917	164	63	67	19	..	13	2
1918	124	19	49	37	..	18	1
1919	123	40	47	23	..	12	1
1920	120	36	48	17	..	19	..
1921	121	35	57	15	..	14	..
1922	107	27	62	14	..	4	..
1923	109	30	53	18	..	8	..
1924	151	47	63	24	..	14	3
1925	130	44	56	20	..	10	..
1926	110	26	54	21	..	9	..
1927	86	24	47	9	..	6	..
1928	111	43	53	12	..	2	1
1929	113	33	57	17	..	4	2
1930	113	45	51	13	..	4	..
1931	115	38	61	11	..	2	3
1932	107	42	47	11	..	3	4
1933	87	47	32	8	..	*	..
1934	104	67	28	6	..	*	3
1935	100	55	34	7	..	*	4
1936	94	58	28	5	..	*	3
1937	85	77	3	1	..	*	4

\* Cases are not described as cured until after the lapse of at least 5 years.

† These cases were admitted for observation and afterwards diagnosed as non-tuberculous.

**Tuberculosis Dispensaries and Examination Centres.**—Tuberculosis Dispensaries are held twice weekly at Wellington, weekly at Shrewsbury and Oswestry, and once a month at Whitchurch, Ludlow and Bridgnorth. In addition, under an arrangement made by the Church Stretton Care Committee, four sessions were held for examination of contacts and 62 attendances were made. Below are particulars of attendances at the Tuberculosis Dispensaries :—

TUBERCULOSIS DISPENSARIES.	No. of Cases who attended during the year.		SUMMARY OF ATTENDANCES.			Total Attend- ances.
	Total.	For the first time.	Notified Cases.	Non-notified Cases.		
				Contacts.	Suspects.	
Shrewsbury .. ..	380	223	686	170	320	1176
Oswestry .. ..	187	80	387	85	107	579
Wellington .. ..	582	260	2463	173	349	2985
Whitchurch .. ..	52	17	56	29	25	110
Ludlow .. ..	68	23	68	39	30	137
Bridgnorth .. ..	88	40	133	39	45	217
	1357	643	3793	535	876	5204

**Public Health (Prevention of Tuberculosis) Regulations, 1925, and the Public Health Act, 1925 (Section 62).**—No action under these regulations was taken during the year.

### ORTHOPAEDIC SCHEME.

There is a central hospital at Park Hall, Oswestry, and after-care clinics are held weekly at Oswestry, Shrewsbury and Wellington; fortnightly at Bridgnorth, Dawley, Ellesmere, Ironbridge, Ludlow, Market Drayton, Newport, Oakengates, Wem, and Whitchurch.

**Attendances at Clinics.**—The following table gives particulars of the attendances at the Orthopaedic Clinics during 1937. It will be observed that the great preponderance of cases are children between the ages of 5 and 16 years, who have been found to be in need of treatment as a result of school medical inspection. The cases over sixteen years of age show an increase upon the figures for 1936, which may be taken as indicating that a large proportion of the school-discovered cases continue to need treatment after leaving school. The tuberculous cases, which are of all ages, are the smallest in number, but their attendances at the clinics as a rule extend over a very prolonged period.

#### Attendances at Orthopaedic After-Care Clinics, 1937.

Age Groups.	On Books 1/1/37.	Admitted during 1937.	No. Treated during 1937.	Discharged during 1937.	On Books 31/12/37.	On Appliance Supervision 31/12/37.	Attendances during 1937.
Under 5 years ..	229	152	*381	145	236	..	1,628
5—16 years .. ..	746	396	*1,142	412	721	9	5,261
Over 16 years ..	626	389	1,015	367	490	158	3,326
T.B. cases, all ages ..	149	22	171	16	126	29	941
Totals ..	1,750	959	2,709	940	1,573	196	11,156

also :—69 cases were examined by surgeons and no treatment found necessary.

\* 42 children have been entered twice—in groups under 5 yrs. and 5—16 yrs.

\* 29 children have been entered twice—in groups 5—16 yrs. and 16—+ yrs.



**Cases admitted to Hospital.**—Conditions and defects of such a nature that they cannot be adequately dealt with at the After-Care Centres, are admitted for treatment to the Orthopaedic Hospital, particulars of which are given below. The average number of beds occupied was 57, an increase of 5 on the previous year.

*Tuberculous Cases.*—The number of tuberculous cases admitted was 67, an increase of 11 on the previous year. Of the cases dealt with under this Scheme, 25 were diagnosed as suffering from affections of the spine, 23 of the hip, and 19 from affections of the other bones and joints.

**Cases treated at the Orthopaedic Hospital during the year and paid for by the Public Health and Education Committees.**

Disease.	Under 5 years of age.	5—16 years of age.	Over 16 years of age.	Total.
Tuberculosis .. .. .	14	*32	21	67
Rickets .. .. .	1	..	..	1
Osteomyelitis and Epiphysitis .. .. .	..	11	..	11
<i>Congenital Defects and Deformities :—</i>				
(a) Feet .. .. .	1	15	..	16
(b) Hip .. .. .	2	1	..	3
(c) Neck .. .. .	..	1	..	1
(d) Arm .. .. .	..	1	..	1
(e) Spine .. .. .	..	1	..	1
<i>Acquired Deformities of :—</i>				
(a) Spine .. .. .	..	9	..	9
(b) Knees .. .. .	..	3	..	3
(c) Feet .. .. .	..	12	..	12
<i>Injuries :—</i>				
(a) Bones .. .. .	2	9	..	11
(b) Joints .. .. .	..	5	..	5
<i>Deformities due to nerve lesions :—</i>				
(a) Poliomyelitis (new cases) .. .. .	1	4	..	5
(a) Poliomyelitis (old cases) .. .. .	..	4	..	4
(b) Hemiplegia .. .. .	2	2	..	4
<i>Other diseases :—</i>				
(a) Arthritis (septic) .. .. .	..	1	..	1
(b) Tumour of Bone .. .. .	..	2	..	2
Total for 1937 .. .. .	23	113	21	157
Total for 1936 .. .. .	24	84	29	137

\* Includes 2 Shrewsbury Borough School Children.

The following table shows the apportionment of the cases treated in the Orthopaedic Hospital and the number of beds occupied by each class of case in five-yearly averages since 1921, and for 1935, 1936 and 1937 separately :—

**Cases Treated and Average Number of Beds occupied in Robert Jones and Agnes Hunt Orthopaedic Hospital.**

					1921—1925	1926—1930	1931—1935	Total for the years		
								1935	1936	1937
Tuberculosis	Cases treated (average)	..	..	..	91	80	59	55	56	67
	Av. No. of beds	..	..	..	40	33	27	26	28	30
Med. Inspection	Cases treated (average)	..	..	..	68	69	68	67	63	105
	Av. No. of Beds	..	..	..	14	13	11	15	19	26
Child Welfare	Cases treated (average)	..	..	..	32	21	13	13	18	8
	Av. No. of Beds	..	..	..	8	5	3	3	5	1
Total					191	170	140	135	137	180
Average No. of Beds					62	51	41	44	52	57

The cost to the County Council of hospital treatment of Orthopaedic cases is shown below. The variations in the cost in the five-yearly periods do not exactly correspond with the number of beds occupied as shown above, the explanation being that the figures for patients and beds occupied refer to calendar years, whereas the cost of treatment represents payments made during the financial year.

**Cost of Treatment of Cases in Robert Jones and Agnes Hunt Orthopaedic Hospital.**

Scheme.				Average 1921—25	Average 1926—30	Average 1931—35	Totals for years		
							1935	1936	1937
				£	£	£	£	£	£
Tuberculosis	..	..	..	5,068	4,269	3,122	3,242	3,242	4,332
Med. Inspection	..	..	..	2,198	1,608	1,323	1,283	1,402	2,066
Child Welfare	..	..	..	1,051	778	331	369	677	238
Annual average cost				8,317	6,655	4,776	4,894	5,321	6,636

*Public Assistance Cases.*—In addition to the cases treated by the Public Health and Education Committees, 30 cases of non-tuberculous deformities in persons over 16 years of age were treated wholly or partly by the Public Assistance Committee at a total cost of £670. The average length of stay of these cases in the hospital was 73 days.



## MILK AND DAIRIES ACTS AND ORDERS.

**Milk (Special Designations) Order, 1936.**—At the end of the year 36 licences to produce Tuberculin Tested milk and 542 licences to produce “Accredited” milk had been issued by the County Council. The position as compared with previous years is as follows :—

Licensed to produce	1930	1931	1932	1933	1934	1935	1936	1937
Tuberculin Tested Milk .. ..	5	8	9	11	15	20	30	36
Accredited Milk* .. ..	8	11	12	17	14	390	522	542

\* Previous to 1936 “Grade A” Milk.

Fifteen of the thirty-six producers of Tuberculin Tested milk and twenty-two of the five hundred and forty-two Accredited milk producers have also been granted bottling licences by the County Council.

*Suspension and Revocation of Licences.*—During the year the licences of four Accredited milk producers were cancelled on account of the unhygienic condition of their premises combined with the fact that the milk did not comply with the standard of cleanliness specified in the Milk (Special Designations) Order, 1936, three consecutive unsatisfactory samples having been obtained in each case.

In addition, the licence of one producer of Tuberculin Tested milk was revoked owing to the fact that he failed to comply with the conditions of the Milk (Special Designations) Order, 1936, in their application to his herd.

*Veterinary Examination of Herds.*—Accredited Herds are submitted to a clinical examination at intervals of three months and Tuberculin Tested Herds are subjected to a double intradermal tuberculin test and a clinical examination once in every six months. The following are the particulars of the Veterinary Examinations of Herds carried out under the Milk (Special Designations) Order, 1936 :—

### Tuberculin Tested Herds.

Number of visits to farms .. ..	42
Number of tests made .. ..	3,153
Number of animals which re-acted to the test ..	190
Number found to be suffering from other pathological conditions .. ..	4

All the animals certified as re-acting to the test were removed from the herd and those certified as showing evidence of other pathological conditions were either segregated or removed from the herd.

### Accredited Herds.

Number of visits to farms .. ..	2,049
Number of examinations made .. ..	74,292
Number of cows found to be suffering from—	
Tuberculosis .. ..	242
Other pathological conditions .. ..	1,191

### Pre-Licence Herds.

Number of visits to farms .. ..	39
Number of examinations made .. ..	1,513
Number of cows found to be suffering from—	
Tuberculosis .. ..	5
Other pathological conditions .. ..	26

The cows found to be suffering from a tuberculous condition were dealt with under the Tuberculosis Order, and those suffering from other pathological conditions were either removed permanently from the herd or temporarily isolated until a certificate had been received from a Veterinary Surgeon that they could be returned to the herd.

*Inspection of Premises.*—The County Sanitary Inspector made 1,281 visits to farms during the year.

*Erection of New Cowsheds and Dairies.*—During the year, 27 new cowsheds and 43 new dairies were erected on farms of milk producers who afterwards qualified for a licence to produce designated milk.

**Milk and Dairies Order, 1926.**—Previous to the taking over of the Veterinary Services by the Ministry of Agriculture and Fisheries on 1st April, 1938, no arrangements had been made by the County Council for the routine veterinary examination of dairy herds under Article 8 of this Order.

During the year there were 6 notifications that milk from this County was being produced under unclean conditions. The producers were immediately communicated with, and the District Medical Officer of Health and Agricultural (Education) Department were informed with a view to suitable action being taken to bring about an improvement in the conditions and methods of milk production.

**Milk and Dairies (Consolidation) Act, 1915.**—During the year 25 reports were received from Medical Officers of Health that tubercle bacilli had been found in milk produced in this County. This necessitated 30 farms being visited by the County Veterinary Staff, and 1,253 cows were examined. Of the cows examined, 22 cows were dealt with under the Tuberculosis Order for the following reasons:—Tuberculosis of the Udder, 13; Tuberculosis with chronic cough, 5; giving of tuberculous milk, 4. Post-mortem examinations of the 22 cows showed that 15 were suffering from tuberculosis in an advanced stage and 7 in an early stage.

**Tuberculosis Order, 1925.**—This Order, which has now been superseded by the Order of 1938, requires every person knowing of the existence of a bovine animal showing definite clinical signs of tuberculosis to report the matter to the Police. The following table supplied by the Chief Veterinary Officer shows the result of the post-mortem examination of cows seized under the Order:—

**Results of Post-mortem Examinations in 1937.**

Description of Animals.	A. Tuberculosis of the Udder.	B. Giving tuberculous milk and showing Lesions of Tuberculosis.	C. Tuberculous Emaciation.	D. Chronic Cough and showing definite symptoms of Tuberculosis.	E. Not affected.	Total.
Cows in milk .. ..	144	11	91	482	3	731
Other cows or heifers ..	22	2	103	225	2	354
Other bovine animals ..	0	0	3	7	1	11
Totals 1937 .. ..	166	13	197	714	6	1096
Totals 1936 .. ..	228	6	239	653	1	1127



**Examination of Milk.—Routine Sampling.**—The Official Sampler takes samples of milk from every “Tuberculin Tested” and “Accredited” milk producer at least once a quarter, and more frequently in certain cases if the reports on the samples indicate that this is necessary.

Of the 80 samples of “Tuberculin Tested” milk taken, 13 proved unsatisfactory, and of the 1,859 samples of “Accredited” milk, 478 were found to be unsatisfactory. In addition, 156 “Qualifying” samples of milk were collected, 39 of which proved to be unsatisfactory.

The producers from whom unsatisfactory samples were obtained were referred to the Agricultural Department for instruction in the methods of clean milk production, where the number of unsatisfactory samples in any particular case showed this action to be desirable.

**Biological Examinations of Milk.**—During the year, 738 bulk and individual samples of milk were taken for biological test under the Milk (Special Designations) Order, 1936, and the Milk and Dairies (Consolidation) Act, 1915, the results being as follows :—

Bulk.		Individual.	
Positive.	Negative.	Positive.	Negative.
80	530	18	110

**Microscopical Examinations of Milk.**—Six hundred and fifty-eight samples of milk were examined microscopically for tubercle bacilli, the results of which were—Positive 82, Negative 576.

**Milk in Schools Scheme.**—This scheme requires that all milk supplied to schools should be approved by the School Medical Officer ; and the Board of Education states in Circular 1437 that “where a supply of efficiently pasteurised milk is available, such milk should in all cases be provided. In other areas, all possible precautions should be taken to ensure as far as practicable the safety of the supply.” Owing to the difficulty of securing supplies of milk for the school children, the words “all possible precautions” have had to be interpreted as meaning anything more than ordinary milk. While it can be argued that almost any milk is better than no milk, it is felt that some standard must be maintained ; and while preference is always given to the higher grade of milk, Tuberculin Tested, Accredited, Pasteurised or Boiled Milk will all alike be approved. The standard required for approval cannot, therefore, be regarded as a rigid or unreasonable one.

The following are the particulars with regard to the progress of this Scheme in this County, and it is gratifying to note the large increase in the number of children for whom Tuberculin Tested Milk is now available.

Total number of children on the Registers of the Secondary and Elementary Schools in this County .. .. .	30,367
Number of children on the Registers of the Schools which are obtaining milk under the Milk Marketing Board's Scheme .. .. .	17,942

Grades of milk supplied to these schools with the number of children for whom each special grade is available :—

	1937	1936
Tuberculin Tested Milk .. .. .	4,946	1,235
Accredited Milk .. .. .	7,000	9,825
Pasteurised Milk .. .. .	5,518	5,847
Boiled Milk .. .. .	478	535
	17,942	17,442

## MENTAL HEALTH.

**Mental Treatment Act, 1930.**—There are in the County three Authorities under this Act, namely, the County Council, the Borough of Shrewsbury, and the Borough of Wenlock. Negotiations between these three Authorities were concluded early in 1937 with the signing of an Agreement to set up a Joint Committee, under the terms of Section 91 of the Local Government Act, 1933, for the purpose of discharging the functions under Section 6, which may be summed up as :—

- (i) Investigation of the needs of the whole area.
- (ii) Provision of accommodation for the reception and treatment of voluntary or temporary patients.
- (iii) Treatment of out-patients at clinics or elsewhere.
- (iv) Arrangement for after-care of patients on completion of treatment for mental illness.

The Medical Superintendent of the Salop Mental Hospital (Dr. S. Hughes) acts as Medical Officer to the Joint Committee and is responsible for medical attendance at the weekly Clinic which has been held at the Royal Salop Infirmary since 26th October, 1937. Where in-patient treatment is found desirable, either on a voluntary or temporary basis, admission to the Salop Mental Hospital is recommended. It is hoped shortly to have a special block available and set apart for such persons.

A description of the brief experience of the Mental Treatment Clinic is given below by **Dr. Hughes** :—

“ Circular letters announcing the establishment of the Clinic were sent to all practitioners in the County.

“ Of the 22 patients seen from 26th October, 1937, to 31st December, 1937, all were deemed to be suffering from some form of psychosis or/and neurosis. Thirteen were referred back to their own doctor, one to the Public Assistance Institution whence he had come, and nine were admitted—then or later—to the Mental Hospital (many as voluntary patients).”

*Detention of Cases.*—The Mental Treatment Act confers means of dealing with cases of mental disease elsewhere than at a specialised institution. In the following tables, a summary is given of the distribution of persons in this category.

**TABLE I.**  
**Cases detained under Section 19 (i) of Mental Treatment Act, 1930.**

Public Assistance Institution.	1936			1937			1938		
	M.	F.	Totals.	M.	F.	Totals.	M.	F.	Totals.
Bishop's Castle .. .. .	3	5	8	3	6	9	3	6	9
Church Stretton .. .. .	—	2	2	—	1	1	—	1	1
Ludlow .. .. .	3	3	6	4	3	7	2	2	4
Madeley .. .. .	2	3	5	2	3	5	2	3	5
Market Drayton .. .. .	—	4	4	—	6	6	—	5	5
Newport .. .. .	—	2	2	—	7	7	—	16	16
Oswestry .. .. .	3	6	9	2	6	8	2	4	6
Shifnal .. .. .	1	—	1	1	1	2	1	1	2
Wellington .. .. .	2	3	5	2	1	3	2	1	3
Whitchurch .. .. .	1	5	6	1	5	6	1	5	6
	15	33	48	15	39	54	13	44	57



**TABLE II.**  
**Age Group Analysis of Institutional Cases.**

Groups.	1936			1937			1938		
	M.	F.	Totals.	M.	F.	Totals.	M.	F.	Totals.
Under 30 .. .. .	1	—	1	2	—	2	1	—	1
30—40 .. .. .	3	6	9	2	7	9	2	7	9
40—50 .. .. .	5	10	15	5	8	13	4	10	14
50—60 .. .. .	3	8	11	2	12	14	2	11	13
Over 60 .. .. .	3	9	12	4	12	16	4	16	20
	15	33	48	15	39	54	13	44	57

**TABLE III.**  
**Particulars of Cases in their own Homes.**

Age Groups.	1936			1937			1938		
	M.	F.	Totals.	M.	F.	Totals.	M.	F.	Totals.
Under 30 .. .. .	2	—	2	1	1	2	3	—	3
30—40 .. .. .	1	1	2	1	1	2	1	1	2
40—50 .. .. .	—	—	—	—	—	—	—	1	1
50—60 .. .. .	2	2	4	1	2	3	1	2	3
Over 60 .. .. .	—	1	1	1	1	2	1	1	2
	5	4	9	4	5	9	6	5	11

**Lunacy Act, 1890.**—To relieve the pressure on the accommodation for female patients at the Salop Mental Hospital, an arrangement is in force for the reception at Newport P.A. Institution of women certified under the provisions of Section 25 of the Lunacy Act, 1890. Separation from other inmates is not deemed necessary, and has not been found advisable, and, if any of them should prove unsuitable to remain at the Institution, return to the Mental Hospital would be quickly brought about.

From the following statement, supplied by the Medical Officer of the Institution, full particulars may be gathered of the nature of the provision made :—

*Medical Supervision.*—The women are seen every Thursday, and their progress reviewed. I also take any report on the first Tuesday of each month when I go to the Institution for the examination of casuats. Any developments or alterations are reported to me by telephone, in the interim periods, and if necessary patients are visited.

*Occupational Activities.*—The women undertake light ward work, including sweeping, polishing, dusting, and some scrubbing ; light work in the laundry and kitchen ; and knitting and sewing.

*Daily Routine.*—Rise at 6-30 a.m. Breakfast at 7-15 a.m. Dinner 12 noon. Supper at 5-30 p.m., and bed at 8 p.m. (An extra cup of tea is given during the morning, afternoon and evening for those who want it). Breakfast at 7-45 a.m. on Sundays. The patients have the wireless and gramophone, and are taken for walks regularly, and on Saturdays are occasionally taken to the pictures.

*Selection of Cases.*—The cases are not selected by the Newport Institution, but are sent from the Salop Mental Hospital. They are mild cases of a chronic nature, without dangerous symptoms. There has never been any cause to refuse cases owing to lack of beds : the average number of cases in residence is sixteen.

*Staff.*—Two of the attendants have had special experience in Mental Hospitals.

*General.*—The Institution fulfills a definite need. I am satisfied that the women in it are well cared for and, taken as a whole and bearing in mind the nature of their complaints, are happy.

**Mental Deficiency Acts, 1913 to 1927.**—Mental deficiency is defined as a “condition of arrested or incomplete development of mind existing before the age of eighteen years, whether arising from inherent causes or induced by disease or injury.” The Mental Deficiency Acts provide powers and impose duties with regard to those defectives who come within one of certain specified categories indicative of neglect in some form or other, and are thus said to be “subject to be dealt with.”

*Administrative Details.*—The following are the brief statistical details of the main administrative facts of the year 1937 :—

<i>Ascertainment :</i>	Placed under Statutory supervision .. .. .	16
	Placed under friendly supervision .. .. .	33
<i>Institutional Provision :</i>	Admitted to Institutions for first time .. .. .	23
	Transferred from one Institution to another .. .. .	9
	Transferred from State Institution to Colony for Defectives .. .. .	1
	Transferred from Guardianship to Institution .. .. .	1
	Licensed from Institution .. .. .	5
	Order discharged .. .. .	2
	Died in Institutions .. .. .	3
<i>Guardianship Provision :</i>	Placed under Guardianship for first time .. .. .	3
	Died whilst under Guardianship .. .. .	1
	Order discharged .. .. .	2
<i>Statutory Supervision :</i>	Average No. of visits by Health Visitors per quarter .. .. .	511
	Average No. under supervision .. .. .	228

Of the cases under guardianship, 7 passed through Certified Institutions, 8 came from various other Homes and Institutions, and 6 came straight from their own homes.

Forty-two of the cases under statutory supervision were in employment outside their homes.

*Annual Statistics.*—The following are the particulars relating to all defectives (classified according to degree of defect) who had been ascertained up to 31st December, 1937 :—

Degree of Defect.	Grand Totals.	Under 7.		7—16.		16—30		Over 30.		Totals.	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Moral Defective .. .. .	6	0	0	0	0	3	1	1	1	4	2
Feeble-minded .. .. .	1151	7	5	17	17	378	272	177	278	579	572
Imbeciles .. .. .	242	8	1	38	19	69	53	28	26	143	99
Idiots .. .. .	41	1	1	4	9	11	8	3	4	19	22
Totals .. .. .	1440	16	7	59	45	461	334	209	309	745	695
		23		104		770		518		1440	

The above mental defectives, classified according to provision made, have been dealt with as follows :—

	M.	F.	Total.
In Certified Institutions for Mental Defectives .. .. .	93	101	194
On licence from Certified Institutions for Mental Defectives .. .. .	5	17	22
In State Institutions or licensed therefrom .. .. .	5	7	12
Under guardianship .. .. .	6	15	21
Under statutory supervision .. .. .	132	106	238
Under friendly (annual) supervision .. .. .	398	317	715
In Public Assistance Institutions .. .. .	53	86	139
In Salop Mental Hospital .. .. .	53	46	99
	745	695	1440



All cases which had to be dealt with "by Order" up to 31st December, 1937, may be classified according to the reasons for taking action as follows:—

Representation by parent of inadequacy of home care and training .. .. .	62
Found neglected .. .. .	52
In Special Schools but requiring care beyond the age of 16 .. .. .	38
Found without visible means of support .. .. .	36
Undergoing imprisonment or found guilty of a criminal offence .. .. .	23
Over the age of 7 and notified by the L.E.A. as uneducable .. .. .	18
In a Public Assistance Institution at the time of giving birth to an illegitimate child	14
In a Mental Hospital but suitable for transfer .. .. .	4
	247
* Placed in Certified Institutions by parents .. .. .	2
	249

\* Responsibility transferred from P.A. Committee.

#### Institutions accommodating Salop Patients.

Name of Institution.	Address.	Total		No. of Patients.						Moral Defective.		Provision made.
		M	F	F.M.		Imb.		Idiot		M	F	
				M	F	M	F	M	F			
Ashton House .. ..	Birkenhead .. ..	..	6	..	6	..	..	..	..	..	..	a, b, j, r, s.
Brentry Colony .. ..	Nr. Bristol .. ..	2	..	2	..	..	..	..	..	..	..	a, c, d, g, i, j, n, p, k, n, s.
Caersws Poor Law .. ..	Montgomeryshire	16	9	..	2	15	5	1	2	..	..	c, j, s.
Church Stretton Poor Law .. ..	Salop .. ..	..	5	..	4	..	..	..	..	..	1	a, b, c, e, j, n, s.
Coed-du-Hall .. ..	Flintshire .. ..	..	1	..	1	..	..	..	..	..	..	a, c, p, s.
Forden Poor Law .. ..	Montgomeryshire	10	19	4	13	5	4	1	2	..	..	a, c, d, e, j, m, s.
Girls' Village Home .. ..	Essex .. ..	..	1	..	1	..	..	..	..	..	..	b, j, p, s.
Hortham Colony .. ..	Nr. Bristol .. ..	3	2	3	2	..	..	..	..	..	..	a, b, c, d, e, g, i, j, k, l, o, p, s.
Howbeck House .. ..	West Hartlepool	..	2	..	2	..	..	..	..	..	..	b, j, l, s.
Madeley Poor Law .. ..	Salop .. ..	11	17	7	16	4	1	..	..	..	..	a, b, c, d, e, i, j, l, n, s.
Midland Counties .. ..	Nr. Birmingham	20	..	13	..	7	..	..	..	..	..	c, g, k, j, n, s.
Moss Side .. ..	Nr. Liverpool .. ..	2	1	2	1	..	..	..	..	..	..	(State Institution).
Mount Tabor .. ..	Hampshire .. ..	..	11	..	7	..	4	..	..	..	..	b, c, d, k, m, r, s.
Princess Christian's Farm Colony .. ..	Kent .. ..	1	1	..	..	1	..	..	..	..	1	i, j, s.
Rampton .. ..	Notts .. ..	3	6	1	4	..	2	..	..	2	..	(State Institution).
St. Catherine's Home .. ..	Durham .. ..	..	1	..	1	..	..	..	..	..	..	a, b, c, j, k, m, n, o, r, s.
St. Mary's Home .. ..	Hants. .. ..	..	4	..	4	..	..	..	..	..	..	a, b, c, j, k, n, o, r, s.
Sandlebridge (Mary Dendy Home) .. ..	Cheshire .. ..	23	18	22	18	1	..	..	..	..	..	b, c, f, g, j, l, p, q, s.
Seafield House .. ..	Nr. Liverpool .. ..	..	3	..	2	..	1	..	..	..	..	c, j, k, l, o, p, r, s, t, u.
Stoke Park Colony .. ..	Nr. Bristol .. ..	7	9	3	7	3	2	1	..	..	..	b, c, j, k, o, p, q, s.
The Home .. ..	Liverpool .. ..	..	1	..	1	..	..	..	..	..	..	
Worcester Municipal Home .. ..	Worcester .. ..	5	..	4	..	..	..	..	..	1	..	a, b, c, d, e, f, g, j, k, l, m, n.
Whittington Hall .. ..	Chesterfield .. ..	..	8	..	6	..	2	..	..	..	..	c, d, j, k, o, p, q, s.
Total No. of Patients in Institutions or on licence .. ..		103	125	61	98	36	21	3	4	3	2	

#### Provision made.

a=Laundry Work ; b=House or Domestic Work ; c=Handicrafts (raffia, brush-making, chair-caning, mat-making, rug-making, sewing, crotchet work, needlework, embroidery, carpentry) ; d=Garden Work ; e=Ward Work ; f=Cooking or Kitchen Work ; g=Shoe Repairing ; h=Tailoring ; i=Farm Work ; j=Walks and Games ; k=Physical Exercises ; l=Cinema Shows ; m=Fortnight's Holiday annually ; n=Wireless and Gramophone Entertainments ; o=Dances, etc. ; p=Guide or Scout Troop ; q=Band ; r=Pocket money given ; s=Regular Religious Instruction ; t=Poultry-keeping ; u=Painting.

It will be seen from the table above that there are two institutions in the County which have accommodation for a limited number of beds. Concerning Madeley Institution, **Dr. B. A. Astley Weston** writes :—

“ The occupational training of the mental defective men and women at Madeley Certified Institution continues on the same lines as previously reported. Some new handicrafts have been introduced but, as most of the defectives are in the lower categories, there would be no justification for attempting any work involving any degree of skill. When one remembers the limited mental capacity of these persons, it is surprising to see the results obtained ; the rugs, needlework and other articles produced demonstrate that such people, though needing care and control, are capable of learning and carrying out tasks of value to the community.

“ These occupational activities not only have added variety and a sense of achievement to lives that otherwise must be very monotonous but also suggest that the higher grades of feeble-minded persons, who at present are either idle or not properly employed, might, with trained teachers at well-run training centres, become not entirely useless members of the community instead of remaining a burden to themselves and their relations as well as a permanent charge on the public.”

Despite the fact that neither Madeley nor Church Stretton Institution has been specially constructed for mental deficiency purposes, the mental defectives there appear to be very well looked after, and additional interest is brought into their lives by periodical visits to picture houses, by an Annual Outing, and by treats or entertainments of one kind or another.

*County Institutional Provision.*—While it has not been possible to provide, in the manner laid down by the Mental Deficiency Acts, institutional accommodation for all Mental defectives known to be in need of such care and control, it can be said that, of mental defectives not dealt with under the Acts and known to be in need of such special provision, not one was in June of this year outside an institution of one kind or another.

**School Cases.**—The following are particulars of mentally defective children (educable) under the Education Committee on 31st December, 1937 :—

	M.	F.	Total.
In Special Schools .. .. .	9	14	23
Awaiting admission to a Special School ..	2	—	2
Under supervision of School Nurses ..	91	48	139
	<hr/> 102	<hr/> 62	<hr/> 164

There are in addition 90 school children, 57 boys and 33 girls, whose mental condition has been called in question, of whom it has been estimated that 50 per cent. will prove to be feeble-minded. It has thus been calculated that there is a total of 209 feeble-minded children under the Local Education Authority.

## VENEREAL DISEASE.

**Arrangements for Treatment and Diagnosis.**—The Venereal Diseases Scheme consists of—

(1) Provision of Treatment at—

- (a) The County Council Clinic, Shrewsbury.
- (b) The Royal Hospital, Wolverhampton.
- (c) Arrangements with the surrounding Hospitals.
- (d) Arrangements whereby girls can be sent for treatment and training to a Home at Wolverhampton provided by the Lichfield Diocesan Society. The Home also provides treatment for pregnant women suffering from venereal disease.

(2) Arrangements for supplying Salvarsan Substitutes to Medical Practitioners.

(3) Provision for facilities for diagnosis in connection with the Birmingham and Bristol Universities and at the County Clinic.



Statistical information relating to the year's work is given below:—

### Cases of Venereal Disease Treated in 1937.

Cases suffering from	At Shrewsbury Clinic.												At Wolverhampton.†			
	Cases.						Attendances.						* Cases.		Attendances.	
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.				
	1937	1936	1937	1936	1937	1936	1937	1936	1937	1936	1937	1936	1937	1936	1937	1936
Syphilis .. .. .	53	52	81	81	134	133	487	365	795	889	1282	1254	..	1	1443	1015
Soft Chancre .. ..	..	2	..	..	..	2	..	2	..	..	..	2	..	0		
Gonorrhoea .. .. .	177	113	69	43	246	156	1216	734	702	486	1918	1220	6	8		
Other Conditions ..	35	18	21	23	56	41	65	57	45	72	110	129	8	7		
Totals .. .. .	265	185	171	147	436	332	1768	1158	1542	1447	3310	2605	14	16	1443	1015
Increase (+) decrease (—) ..	+80		+24		+104		+610		+95		+705		—2		+428	

\* These numbers only refer to cases attending for the first time in the year concerned.

† Royal Hospital, Wolverhampton.

*Cleveland House, Wolverhampton.*—This Hostel is available for girls and women suffering from venereal disease who cannot receive proper treatment in their own homes. During the year one case of syphilis and five cases of gonorrhoea were admitted from this County.

### Examination of Pathological Specimens.

Nature of Test.	Shrewsbury.	Birmingham.	Bristol.	Wolverhampton.
For detection of gonococci .. ..	276	29	18	170
For detection of spirochetes .. ..	..	..	..	1
For Wassermann reactions .. .. .	..	219	173	49
For gonococcal infection .. .. .	..	1	1	16

**Colonel Grech**, Venereal Diseases Medical Officer, submits the following observations:—

“Several alterations and additions were made to the premises during the year, in addition to complete redecoration. The lavage room has been brought more up to date, and the waiting room enlarged, which has added considerably to the comfort of the patients.

“Attendance for treatment has been, on the whole, very satisfactory, particularly the female clinic, which has averaged about 25 per session. There has been a considerable increase of new cases, both syphilis and gonorrhoea, the increase being very much more pronounced in the male.

“The reason for this increase is very hard to find, if not impossible.

“I have referred to the Clinic Annual Returns to the Ministry of Health, and it is interesting to note that since 1918, although syphilis is steadily decreasing in both sexes and had been doing so since the three post-war years 1919, 1920 and 1921, gonorrhoea has slightly decreased in the female, and steadily increased in the male.

“Comparison of the number of cases dealt with for the first time in the last two years shows that in 1937 syphilis increased by 12 cases and gonorrhoea by 54 on the corresponding figures for 1936. This slight retrogression instead of continued advance is somewhat disappointing in view of the propaganda, advice and facilities offered to infected people.

“Undoubtedly syphilis is on the wane as shown by the small number (5) of primary and secondary cases admitted. The other 7 cases of syphilis shown in the return are representative of disease contracted several years ago, and include 5 cases of neurosyphilis.

"Pregnant women still continue to come for treatment throughout their pregnancy, and the results have been excellent.

"Gonorrhoea, as mentioned above, does not show the same tendency to abate, and although there have been yearly fluctuations, the tendency shown in this Clinic is to increase.

"Vulvo-vaginitis in children is still in evidence, and is no doubt due to bad habits and ignorance on the part of the parents. It is here that I think propaganda could effect a great improvement.

"I am also of opinion that some gonorrhoea cases could be more adequately treated and more readily cured if they were sent to the Clinic by their doctors as soon as the disease is discovered, instead of being treated with medicines for weeks and months, thus allowing the disease to become chronic. Such cases, I have no doubt, are often propagators of the disease, as they often consider themselves cured when the acute stage has abated or disappeared."

### BACTERIOLOGICAL DIAGNOSIS OF DISEASE.

Under an arrangement with the County Council, Birmingham University undertakes the examination of specimens sent for the purpose of diagnosis of disease.

In addition to the work done in connection with Venereal Disease referred to on page 49, the following examinations were made:—

	Pos.	Neg.	Total.
Tubercle Bacilli (Sputum) .. .. .	38	310	348
„ „ (Cerebro-spinal Fluid) .. .. .	—	3	3
„ „ (Urine) .. .. .	—	1	1
„ „ (Faeces) .. .. .	—	2	2
Streptococci (Cerebro-spinal Fluid) .. .. .	1	—	1
Haemolytic Streptococci (Throat Swab) .. .. .	5	14	19
„ „ (Fluid from Chest) .. .. .	1	—	1
Wassermann Reaction (Cerebro-spinal Fluid) .. .. .	1	—	1
Diphtheria Bacilli (Nose and Throat Swabs) .. .. .	620	2441	3061
Meningococci (Cerebro-spinal Fluid) .. .. .	1	6	7
Blood for Widal's Reaction .. .. .	4	20	24
Dysentery Bacilli (Faeces) .. .. .	—	5	5
„ „ (Urine) .. .. .	—	4	4
Typhoid-Coli Group (Faeces) .. .. .	—	16	16
„ „ (Urine) .. .. .	—	3	3
"Food Poisoning" Group (Faeces) .. .. .	—	1	1
Totals for 1937 ..	671	2826	3497
Totals for 1936 ..	797	3524	4321

It will be observed from the above table that the bulk of this work consists of examination of swabs for the presence of diphtheria bacilli. As the outbreaks of diphtheria in schools can only be effectively controlled by extensive swabbing, no considerations should be allowed to set a limit to this work.



### FOOD AND DRUGS ACTS.

By arrangement with the Chief Constable for Shropshire samples of food and drugs are taken by the County Police under the Food and Drugs Acts and are sent to the County Analyst for examination. Particulars of the year's work are given below :—

Description of Samples.	Number taken.	Number below standard.	Adulteration and Remarks.	Action taken.
Potted Meat ..	5	..		
Vinegar ..	4	..		
Sausage ..	3	1	100 parts of sulphur di-oxide per million .. .. .	Cautioned.
Brawn ..	4	..		
Milk ..	153	24	(1) 7% deficient in fat .. .. .	"Appeal to Cow"—5 samples were taken, 4 were genuine and 1 was not genuine. Proceedings taken and case dismissed.
			(2) 2% deficient in solids not fat..	Vendor informed.
			(3) 2% deficient in solids not fat..	Vendor informed.
			(4) 1% deficient in solids not fat..	Cautioned.
			(5) 5% deficient in solids not fat..	Cautioned.
			(6) 20% added water .. .. .	Fined £2 and ordered to pay £3 7s. 9d. Special Costs.
			(7) 7% deficient in solids not fat..	Further sample to be taken.
			(8) 13% deficient in fat .. .. .	Vendor informed. Further sample to be taken.
			(9) 10% deficient in fat .. .. .	Vendor informed. Further sample to be taken.
			(10) 18% deficient in fat. .. .. .	Vendor informed.
			(11) Slightly below standard for solids not fat, but no evidence of added water .. .. .	No action.
			(12) 26% added water .. .. .	Fined £2 15s. 0d. and ordered to pay £2 5s. 0d. Special Costs.
			(13) 7% added water .. .. .	Cautioned.
			(14) 22% added water .. .. .	Fined £1 and ordered to pay £2 5s. 0d. Special Costs.
			(15) 6% added water .. .. .	Cautioned.
			(16) 11% added water .. .. .	Fined £2 and ordered to pay £2 6s. 0d. Special Costs.
			(17) 38% added water .. .. .	Fined £2 and ordered to pay £4 2s. 0d. Special Costs.
			(18) 22% added water .. .. .	Case dismissed on account of high percentage of fat (10.2 % as against standard of 3%).
			(19) 19% added water .. .. .	Fined £2 and ordered to pay £2 8s. 6d. Costs.
			(20) 1% added water .. .. .	No action.
			(21) 15% added water .. .. .	As a conviction was doubtful, no action was taken.
			(22) 7 per cent. deficient in fat ..	Proceedings taken. Vendor ordered to pay costs £2 18s. 0d.
			(23) 7 % added water .. .. .	Fined £2 and ordered to pay costs £4 12s. 3d.
			(24) Slightly below standard for solids not fat .. .. .	

### BLIND PERSONS ACT, 1920.

The Blind may be considered as comprised in three classes—those under 5 years of age, those between 5 and 16 years, and those over 16 years of age.

*Those under five years of age* come automatically under the supervision of the Health Visitors as part of the Maternity and Child Welfare Scheme. *Those between 5 and 16 years of age* are primarily the concern of the Elementary Education Authority, who make provision for them by sending them to a Special School for the Blind. *As regards those over 16 years of age*, the Higher Education Committee arrange for the training of such as are capable of learning an occupation which is likely to enable them partly or wholly to support themselves. On completion of training, they qualify for inclusion in the Home Workers' Scheme of the County Council under which the Birmingham Royal Institution for the Blind arranges for the necessary supervision, supplies materials at cost price, assists with their work, helps disposal of the articles for which they are unable to find a sale and, in addition, augments their wages.

Unemployable blind persons, and also others whose needs are not otherwise adequately provided for, either come directly under the County Council Scheme for the Domiciliary Relief of the Blind or receive assistance from the Shropshire Association for the Blind.

**Birmingham Royal Institution for the Blind.**—The Annual Report on the Home Workers supervised by the Birmingham Royal Institution for the Blind under the County Scheme shows that during the twelve months ended 31st March, 1938, an average of 7 visits were paid to each of the twenty-seven persons concerned, whose income consisted of earnings averaging 12s. 0d. weekly, supplemented by an average weekly augmentation of 13s. 3d. The occupations followed were :—Basket-makers 10, Machine knitters 7, Boot repairers 4, Brushmakers 3, Piano tuners 3.

**Shropshire Association for the Blind.**—This Association (which received a grant of £775 from the County Council), in addition to supplementing (by small amounts) the income of certain of the unemployable blind who are *over* 50 years of age, exercises a general supervision over the welfare of all blind persons, and the Hon. Secretary is responsible for drawing the attention of the County Council to blind persons needing assistance under one or other of the schemes.

In the Annual Report on the work of the Association it is stated :—

“ The duties of the Home Teachers may be briefly summarised under the following headings : (1) The ascertainment of the blind persons' needs, applications for financial assistance, wireless, etc. ; (2) Teaching Braille or Moon and Pastime Occupation ; (3) Social Centres ; (4) General Visiting and Welfare Work.

“ By the appointment of a second Home Teacher, who visits 130 blind in the urban districts, the Association has been able to ensure that these duties would be carried out more efficiently, and these blind people have been visited more regularly and frequently. They are now able to be visited at least monthly, and oftener if the necessity arises, and pupils receive instruction in Braille, etc., weekly.

“ The remaining 250 blind in the rural districts are not so fortunate. They are too large a number for one Home Teacher to attend to satisfactorily. They naturally cannot receive adequate visiting, notwithstanding the Home Teacher trying her utmost to cover the ground. Also on an average, half-a-day a week is taken up bringing cases to hospital for treatment or certification. Those in the urban areas can use the various transport services. In addition, 50 of the urban blind are able to attend our monthly Socials, whereas only six from the rural districts can take advantage of these meetings.

“ It is obvious, therefore, that a third Home Teacher, with a car, has become essential.”

**Domiciliary Relief of the Blind.**—All blind persons under 50 years of age, and also those over that age in need of greater assistance than the sum of 5/- a week, are helped directly by the Public Health Committee. The expenditure on this service during the financial year 1937—8 was £1,388, compared with £1,204 for the previous year. Those over 50 years of age who are unemployable, and whose requirements could be met by a payment of 5/- weekly, received grants from the Shropshire Association for the Blind which itself made payments amounting to £892. In this way, overlapping in the matter of administering relief is avoided.



**Register of Blind Persons.**—A Register of all blind persons is kept in the County Health Offices, on which new cases are entered after a certificate of blindness has been given by a medical practitioner with special experience in ophthalmology, although the certificates of County Council Medical Officers are accepted where a person is obviously blind, and is prevented by infirmity from being examined elsewhere than at home.

The following is a summary of the causes of blindness as given on such certificates :—

	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
Congenital Defects .. ..	13	13	26
Infectious and Bacterial .. ..	7	8	15
Traumatic and Chemical .. ..	11	3	14
General Diseases .. ..	55	56	111
Primary Cause unknown .. ..	44	41	85
	<hr/> 130	<hr/> 121	<hr/> 251

*Particulars of Blind Persons on the Register of the Blind on 31st March, 1938.*—The following are the particulars of the blind persons in the County, as supplied by the Secretary for the Shropshire Association of the Blind :—

I.—REGISTRATION.

Number on Register 31/3/37 .. ..	360
Ascertained .. ..	52
Transferred to Salop .. ..	7
	<hr/> 59
Deaths .. ..	27
Transferred to other Counties .. ..	7
Taken off Register for other reasons .. ..	1
	<hr/> 35
	<hr/> 24
	<hr/> 384
Total on Register 31/3/38 .. ..	

II.—CLASSIFICATION BY AGE.

Age Group.	Males.	Females.	Total.
0—5 .. ..	1	2	3
5—16 .. ..	6	11	17
16—21 .. ..	4	2	6
21—50 .. ..	51	35	86
50—65 .. ..	40	23	63
65—70 .. ..	35	37	72
70 and over .. ..	69	68	137
	<hr/> 206	<hr/> 178	<hr/> 384

III.—CLASSIFICATION BY OCCUPATION.

Children under 5 .. ..	3
Employed as Home Workers .. ..	27
St. Dunstan's Workers .. ..	10
In Institutions and Homes .. ..	32
In training (adults) .. ..	3
In Special Schools .. ..	15
Not at School (special reasons) .. ..	2
Independants .. ..	14
Unemployables .. ..	278
	<hr/> 384

**Wireless Telegraphy (Blind Persons Facilities) Act, 1926.**—Certificates issued to enable blind persons to obtain free wireless licences numbered 254—152 in respect of blind men, and 102 in respect of women.

## EDUCATION IN HEALTH.

**National Campaign.**—During the period October, 1937, to March, 1938, a Campaign was conducted by Public Health Authorities throughout the country, at the request of the Ministry of Health, to encourage the wider use of the Health Services. Reviewing the steps taken in Shropshire, **Dr. B. A. Astley-Weston** reports:—

“ The effort was confined to the exhibition of large posters in Wellington, Ketley, Oakengates, Dawley, Shifnal, Whitchurch, Oswestry, Ellesmere, Wem, Bridgnorth, Ironbridge, Madeley, Newport and Market Drayton : and the distribution of small posters to the schools for display in the classrooms and outside the buildings. A large amount of publicity material, in the form of book-markers, was inserted in the books issued by the County Library and other Public Libraries.

“ Great assistance was afforded by the Federation of Women’s Institutes in the disposal of posters and leaflets, and by the Women’s Institutes in granting facilities for addressing meetings in the more remote parts of the County, by means of which twelve discursive lectures were given by members of the Medical Staff.

“ Whilst the whole purpose of the Campaign was directed towards raising the standard of health by stimulating recourse to existing Health Services, those who are most in contact with the public realise that this is not adequate, since Education in Healthy Living is the real need not only of the poor but of the well-to-do. Brief Campaigns have very little value, but a well thought-out programme of Education in Health would result in improved physique and health in the rising generation. Any such campaign, to be effective, must start in the Ante-Natal Clinics, continue through the Child Welfare Visitor, Midwives and School Nurses and be interpreted by daily practice in the homes.

“ It is very evident that one of the primary needs is for instruction in the best way of spending the family income. Numerous cases are on record which show that wise spending results in healthy children, whereas the thoughtless squandering of wages leads to malnutrition.

“ To complete this knowledge, practical demonstrations in simple household cooking are very urgently needed ; quite clearly, a large proportion of the mothers attending clinics have a very poor idea of the technique of cooking and serving food, with the consequence that much is wasted, a great deal is so unappetising that it is not eaten, and the remainder must be difficult to digest. An understanding of food values combined with skill in the cooking and preparation of meals, would contribute largely to the well-being of all families, and more especially of those who are on the poverty-line. Though the vast majority of infants born have normal powers of digesting food, it is equally true to say that almost all adults suffer from some disorder of digestion, not through the simple wear and tear of the years, but because of the strain imposed on the digestive mechanism by ignorance of the right type of food and lack of skill in preparing it.”

**Talks on Health.**—Pressure of other duties is the great limiting factor in routine health propaganda work by members of the Public Health Department. During the year, however, 58 lectures were given in schools at the close of medical inspections by the Assistant School Medical Officers. In the Child Welfare Centres 299 were given by the Medical Officers and Health Visitors in attendance. The Inspector of Midwives, who also holds the position of County Health Lecturer, gave 15 lectures—11 at various Women’s Institutes, and 4 to other centres. Three lectures were given by the Tuberculosis Medical Officers. In addition, 21 lectures were also given under the auspices of the Shropshire Branch of the Midwives’ Institute, towards which a grant of £5 was made by the County Council.

**Oswestry Health Week.**—Commenting on the Health Week organised by the Oswestry Urban and Rural Councils (towards which the County Council made a grant of £10), the Medical Officer of Health (**Dr. L. Wilson Evans**), states :—

“ Health Week was held from November 15th to 20th. There was a public film display at the Playhouse on Wednesday, November 17th, attended by a good audience (estimated at about 200). The films dealt with the prevention of the spread of infectious disease especially in relation to colds, and with activities in schools from infants upwards, showing how children were being prepared to take their place in a world demanding higher standards.

“ The rest of the week’s programme was devoted to lectures and demonstrations to all the secondary and elementary schools in the town and district, comprising some 3,000 children. The lecturer demonstrated a number of simple exercises to encourage correct breathing, good carriage and proper use of muscles. He also dealt with the importance of relaxation. The children were very interested in the lectures, and they and the teachers should derive considerable benefit from them. Films illustrating physical training in schools were shown to about 1,000 children during the week.



## AMBULANCE SERVICES.

Two motor ambulances are owned by the County Council, one stationed at a garage in Shrewsbury and one at the County Council Hospital. The one which is kept in Shrewsbury is generally available for the removal of patients to or from any house or hospital in Shropshire, and is utilised both for infectious and ordinary cases. It was used on 479 occasions and covered a distance of 13,447 miles. Whenever the ambulance is used for an infectious case, the Sanitary Inspector of the District is responsible for taking the necessary steps for its disinfection afterwards. The ambulance at the Hospital is used chiefly by this Institution, but is available elsewhere, if required. In addition, there is at the Hospital a converted ambulance used as a staff van, which can be, and sometimes is, used to serve the purposes of an ambulance.

In tabular form details are given below of the Ambulance facilities in the County:—

### Provision by Local Authorities (9).

Bridgnorth Borough ; Dawley Urban ; Wellington Urban ; Whitchurch Urban ; Shifnal Rural ; Market Drayton Urban and Rural (jointly with Newcastle-under-Lyme District). In addition, the three County Council Ambulances, are available for the whole County.

### Provision by Voluntary Hospitals (2).

Lady Forester Hospital, Much Wenlock ; Robert Jones and Agnes Hunt Orthopaedic Hospital.

### Provision by other Voluntary Bodies (4).

St. John's Ambulance Brigade, *Ludlow*.  
Oakengates Ambulance Committee.  
Oswestry and District Ambulance Committee.  
St. John Ambulance Brigade, *Shrewsbury*.

### Arrangements (if any) in other Areas.

*Bishop's Castle Borough*—At local garage a van and stretcher are available.  
*Bridgnorth Rural*—Council subscribes to Bridgnorth Borough Ambulance.  
*Ellesmere Rural*—Oswestry Ambulance Service (no contribution made by Council towards cost).  
*Newport Urban*—Private enterprise.  
*Wem Rural*—Use made of Whitchurch Ambulance within six miles radius of Whitchurch.  
*Church Stretton Urban ; Wem Urban ; Clun Rural ; Wellington Rural*—No formal provision.

## HOUSING.

The administration of the various Housing Acts is primarily the responsibility of the District Councils, and the chief responsibility of the County Council is with regard to housing in rural areas. The Act of 1936 makes it a duty of the County Council to keep in touch with housing conditions in Rural Districts and to obtain information regarding housing conditions and housing progress from returns supplied by the Councils of the Districts at least once a year. Furthermore, this Act makes it a duty of the County Council to contribute £1 for forty years in respect of houses built to meet the needs of the agricultural population. Below are given particulars of the houses in respect of which the County Council makes this contribution.

### Houses approved under Section 115, Housing Act, 1936.

<i>Rural District.</i>						<i>No. of Houses.</i>	<i>Date approved by County Council.</i>
Clun .. .. .	..	..	..	..	..	26	6/2/1932
Ellesmere .. .. .	..	..	..	..	..	24	
Newport .. .. .	..	..	..	..	..	20	
Oswestry .. .. .	..	..	..	..	..	34	
Wellington .. .. .	..	..	..	..	..	38	
Wem .. .. .	..	..	..	..	..	20	
Drayton .. .. .	..	..	..	..	..	8	4/5/1935
Clun .. .. .	..	..	..	..	..	2	27/7/1935
Ellesmere .. .. .	..	..	..	..	..	6	2/5/1936
Drayton .. .. .	..	..	..	..	..	8	7/11/1936
Atcham .. .. .	..	..	..	..	..	4	1/5/1937
Atcham .. .. .	..	..	..	..	..	4	5/2/1938
Clun .. .. .	..	..	..	..	..	9	7/5/1938



The duty of administering the Housing (Rural Workers) Acts has been delegated in this county to the District Councils. In some Rural Districts, notably in Atcham, Clun and Wellington, a great deal has been done under these Acts, and it is unfortunate that some District Councils have not fully taken advantage of the powers which the Acts give to make (subject to certain conditions) grants and loans to owners willing to re-condition and renovate old houses. Undoubtedly, these Acts provide a means in many areas of making houses which are no longer fit for human habitation into suitable dwellings at an economic cost, and in this way contribute an important part to the solution of the housing problem.

The principal matters with regard to housing are referred to in the extracts, given below, from the Annual Reports of the District Medical Officers of Health :—

**Ellesmere Rural District.**—“ Grants have been made by the Council under the Housing (Rural Workers) Act in respect of 81 houses. Grants made during the year numbered 5. Advantage is being taken of this Act, but there is still considerable scope for its use and it is to be hoped that owners of property will give this Act serious consideration.”

**Ludlow Rural.**—“ No houses were built by the Council during the year, but sites have been secured at Clee Hill for twelve houses, and at Cleobury Mortimer for four houses, where it is intended to commence building shortly. Sites in several other parishes are under consideration and will be secured as soon as terms can be agreed on. Twenty-one houses were re-conditioned under the Housing Rural Workers' Act during the year and grants made.”

**Oswestry Rural District.**—“ The building of Council Houses in Morda has been held up owing to the existing sewage system being unable to deal with the waste from any more houses. On health grounds, the provision of houses for people living in those houses condemned as being unfit to live in or under overcrowded conditions, is the more urgent and, if some temporary measures were to be taken—such as the installation of a type of chemical closet, with or without water—the houses for which there is such a crying need could be built without delay, and furthermore, as far as the houses for demolition are concerned, the larger subsidy which is obtainable until the end of 1938 would not be lost.”

**Shifnal Rural District.**—“ A general survey of the town was made, and it was found that certain houses, particularly in the High Street and Broadway, were much below standard. The position was reported and a first step taken with a view to acquiring property in High Street. It is expected by the end of 1938 to have a detailed survey of housing conditions, when future plans for re-housing will be able to be considered.”

**Bishop's Castle M.B.**—“ Plans were prepared and prices obtained for the building of eight non-parlour type houses with three bedrooms, and for two with two bedrooms.

**Dawley Urban.**—“ During the last few years there has been more private enterprise than during the previous 20 years, and at the present time a Building Company has sent in a Layout for 70 houses at Doseley, of which to date they have erected 14. (These have been erected since December 31st, 1937). Nine new houses have been built by private enterprise during the year and they are nearly all owner-occupier.

“ The Council have completed 48 more on the Meadow Road Site, and these have been let in all instances to overcrowding cases. A further 44 are in course of erection on the New Town Site, and a further Scheme for 26 more prepared and approved by the Ministry, on the same site.

“ There is a strong appeal from young couples waiting to get married, for a two-bedroomed cottage, and I hope during this year to see the Council committed to such a Scheme and also a further number of Bungalows for Old Age Pensioners (6 have already been erected). On the whole the Council tenants keep their cottages in good order, and also the surrounds, and the loss of rents has been very low.

“ Following your Health Report of 1936 in which your late Medical Officer of Health brought to your notice the existence of a considerable degree of overcrowding in your district, and the need for re-housing these people, I should like to endorse all he has said and to emphasize the necessity of tackling your housing problem vigorously. During the past year with the numerous complaints on housing conditions and the frequent visits made in response to these, I am convinced that the housing standards must be raised to a much higher level to meet the requirements of the Health Authorities of the Country.”

“ Grants under the Housing (Rural Workers) Act, 1926, were made in four instances.”

**Ellesmere Urban District.**—“ A start on the erection of the new houses in Beech Grove was made in July, and at the end of the year 32 houses out of the 38 had been roofed in, and the brickwork in the remaining 6 being well in hand, and the inside works were also making good progress.”



**Ludlow M.B.**—"Plans were passed during the year for the erection of seven houses by private enterprise and six were completed. The Council have secured the land necessary for the houses required to abate the overcrowding and have accepted a tender for their erection. When these are completed it will enable a number of owners to make improvements to their houses to conform to the recently adopted Housing Bye-Laws. It is proposed to deal with Rock Lane as an Improvement Area; the houses are so badly arranged and a number of them incurably damp."

**Oakengates Urban.**—“ Early in the year a Clearance Scheme was presented, and about 60 families should benefit when the houses for the Scheme are completed. It has been noticeable in the year that the frequency of complaints from this district has been very high. As far as possible complaints have received personal attention, and in practically every case faults were present to be remedied. While it may be difficult to eradicate all cause for complaint the attention of the Council should be turned to alleviate such cases as : persons who are living in houses which have been condemned for some years and have not been cleared, overcrowding where adults of both sexes in a family are sleeping in a common room, where sanitary accommodation is inadequate.”

**Oswestry M.B.**—*Demolition of Houses.*—The Medical Officer of Health makes the following remarks with regard to demolition of houses :—

“ There should be a limit to the time that houses should remain standing after a Demolition Order has become operative.

“ Not only does the law demand that they should be demolished, since they have been found to be unfit for human habitation, but their continued existence should not be tolerated. It will be noticed in the figures given above that, in the case of sixteen houses, undertakings that they should not be used for human habitation were accepted on the presumption that they would be used for store rooms or other purposes, but in effect this measure has resulted in the houses remaining empty and in some cases becoming unsightly, derelict and even dangerous. This suggests that the offer of the undertaking on the part of the owner was for the purpose of saving demolition.

“ In the case of property where the question of demolition is being considered it would be well, in the interest of the amenities of the town, if undertakings were not accepted unless there was an assurance that the property was going to be properly maintained and was needed for some useful purpose, otherwise demolition orders should be insisted upon.”

**Wenlock M.B.**—*New Houses.*—"Plans for 50 new Council Houses were passed at Broseley and 24 at Much Wenlock Ward."

<b>Shrewsbury M.B.</b> —“ Houses erected by Local Authority ..	42
”         ”         Private Enterprise ..	232

“ The erection of these houses included the 1000th house built or acquired by the Corporation since the Great War.

“ The waiting list of applicants for Council houses already large is swelling daily. There are now approximately 900 names on this waiting list, of whom about 250 have been classified as urgent cases, the urgency being determined by the size of the family and their present accommodation.”

## WATER SUPPLIES.

The powers contained in Section 57 (which has since been repealed) of the Local Government Act, 1929, have been re-enacted in Section 307 of the Public Health Act, 1936, and the Table on page 59 gives particulars of the schemes of water supply in respect of which grants had been made or promised by the County Council up to May 1938.

The following are the particulars of the schemes towards the cost of which grants have been promised during the year :—

**Bridgnorth Rural District Council.**—*Stottesdon Water Supply.*—This scheme was to cost £2,000 and the Ministry of Health and the County Council each promised a grant of £250 towards the capital cost. It is now understood, however, that the original scheme has been abandoned in favour of one under which it is hoped to obtain what water is required from Hardwick Farm. Full particulars have not yet been received and consequently the new scheme has not been considered by the County Council.

*Kinlet Water Supply.*—This scheme consists of tapping the Elan Valley—Birmingham Water Main, which will enable water to be laid on to approximately 27 houses in Kinlet. The scheme is estimated to cost £1,350, towards which the Ministry of Health and the County Council have each promised a grant of £150.



**Clun Rural District Council.**—*Wentnor Water Supply.*—The Local Authority is investigating the possibility of providing water for the village of Wentnor. It is proposed to collect the water from several springs on the Longmynd into a collecting chamber from which the water will gravitate to a high level reservoir in Wentnor, and from this point the water will be piped throughout the village. The Clun Rural District Council has applied to the Ministry of Health for sanction to borrow an amount equal to the estimated cost of the scheme which is £3,500, towards which cost the Ministry of Health has promised £75 and the County Council has also agreed to contribute a lump sum of £250. Over and above this, the Local Education Authority has promised to defray the cost of laying approximately half a mile of pipe line from Alma Cottage to Norbury School subject to a satisfactory water supply being obtained.

The matter of a water supply for Wentnor was before the Clun Rural District Council as far back as 1899, when it was the subject of a special report by the County Medical Officer of Health; and the Clerk of the County Council was instructed to communicate with the District Council. In 1907, the state of affairs in Wentnor was again the subject of consideration by the County Council Sanitary Committee.

During 1937, owing to complaints by local residents, the County Medical Officer of Health again investigated the matter and found the state of affairs the same as in 1899 and 1907. The following is the report made by the County Medical Officer of Health in 1899:—

“*Wentnor.*—This village is situated on an elevated site, and contains some 17 dwellings. The water supply is not altogether satisfactory. During the last dry summer nearly every well in the village was dry, including the public well, and the water was in several instances carried from a brook some distance off at the bottom of a hill. In the village there are, chiefly in the centre and north end, some six pump wells, the water of which is considered good and appears to be plentiful as a rule, from which, in addition to the houses to which the pumps are attached, some 5 houses obtain their supply on sufferance. The wells are generally deep, but the occupant of one house obtains his supply from a shallow dip well in a garden open to surface water. At the south end of the village are two public wells. One of these may be left out of consideration as no water is obtainable from it, or has been obtained for a number of years. It is a somewhat deep well provided with a pump which is quite useless. The well is situated in a walled-in enclosure, the gate of which is now fastened. It is known as the Snead Well, and is evidently a public well from the evidence of an inscription engraved on a stone to the effect that it was presented to the public more than 41 years ago. The water is said to have been discoloured and mineralised, and for this reason the use was said to be discontinued. It is possible the well might be repaired and re-opened, but it is uncertain if the results would be of use. Five houses at this end of the village obtain their water supply from another public well. This well, known as the Clody Well, some hundred yards from the village, is an open dip well in a field down a hill. The yield of the well is said to be affected in dry weather. The well is said to have been dry last summer. It has been proposed to deepen this well and otherwise improve it. This idea has been abandoned on the ground, I am informed, that to deepen the well might involve the risk of losing the spring. If, however, this could be done prudently and additional storage provided, and more efficient protection from surface water carried out, together with a draw pipe and pump to the adjacent road, the result might be an advantage to that end of the village. The matter is, however, from several points of view, one requiring careful investigation.”

**Ludlow Rural District Council.**—*Clee Hill Water Supply.*—The water is obtained from two sources of supply:—(1) by means of a ram which raises the water to a high level reservoir of 22,000 gallons capacity. The water from this reservoir provides a gravitating supply to the villages of Caynham, Coreley and Nash; (2) by means of the collection of spring water to a reservoir of 3,000 gallons capacity from which it gravitates to supply the hamlet of Shetfield. Both these schemes have now been completed at a cost of £750, towards which the County Council promised a grant of £61 5s. 0d. per annum for thirty years. It is proposed to charge consumers 3/6 in the £ and in addition to levy a Parish Rate of 2d. in the £.

**Market Drayton Rural District Council.**—*Norton-in-Hales Water Supply.*—This scheme was put forward by the Local Authority, and its aim was to obtain a supply of water from Nantwich at 1s. 1d. per 1,000 gallons and distribute it throughout Norton-in-Hales. The actual capital cost of the scheme is £1,970 (plus the cost of the water consumed). The scheme was considered to be a good one, and the County Council agreed to make an annual contribution of £55 4s. 1d. over a period of thirty years towards the cost of the scheme.

**Oswestry Rural District Council.**—*Morton Water Supply.*—This is an extension of the Gronwen Water Scheme, the supply for which is a spring on Sweeney Mountain. The scheme is estimated to cost £1,642. The Oswestry Rural District Council has made application for a grant from the County Council towards this cost, but the matter is still under consideration.



Grants authorised by the County Council under sec. 57, Local Government Act, 1929, and sec. 307, Public Health Act, 1936,  
in respect of Water Schemes.

District Council.	Parish or Parishes.	Scope of Scheme.		Estim- ated Cost of Scheme.	Grant from Ministry of Health.	Estim- ated Annual Charges.	Period of Loan. (years).	Grant recommended by Committee.	Date approved by County Council.
		Houses.	Approximate No. of Inhabitants.						
Drayton Rural	Woore .. ..	137	524	£4,080	Nil.	£565	30	£29/10/0 yearly.	3/11/34
Oswestry Rural	Weston Rhyn and St. Martin's ..	*	*	£900	£150	£58½	30	£150 lump sum.	2/2/35
Oswestry Rural	Oswestry Rural and Llanymynech	93	372	£8,500	£1,850	£651	30	£1,850 lump sum	2/11/35
Drayton Rural	Hodnet .. ..	118	400	£4,179	£450	£287½	30	£900 lump sum.	4/5/35
Atcham Rural	Pimhill .. ..	288	1,152	£13,500	£2,500	£759	30	£222/10/0 yearly.	4/5/35
Clun Rural	Bucknell .. ..	72	280	£2,915	£400	£189	25	£35/8/2 yearly.	27/7/35
Clun Rural	Worthen and Brockton .. ..	88	350	£3,100	£400	£167	30	£41/10/2 yearly.	1/5/37
Newport Rural	Edgmond .. ..	200	800	£5,350	£850	£499½	30	£850 lump sum.	2/11/35
Clun Rural	Kempton .. ..	31	110	£1,400	£250	£93	30	£300 lump sum.	1/2/36
Atcham Rural	Bicton, Ford, Gt. Hanwood, Pon- tesbury, Condover and Minsterley ..	1876	7596	£75,100	£15,000	£4,985	30	£800 yearly.	2/5/36
Oswestry Rural	Nantmawr .. ..	27	108	£1,268	Nil.	£46	30	£21/5/11 yearly.	7/11/36
	Gronwen .. ..	10	40	£437	Nil.	£25	30	£7/9/9 ..	do.
	Llyncllys Hill and Porthywaen .. ..	24	96	£783	Nil.	£46	30	£13/16/4 ..	do.
	Selattyn, Weston Rhyn, St. Martin's and Whittington ..	†	†	£4,534	Nil.	£37	30	£67/14/7 ..	do.
Drayton Rural	Pentre .. ..	28	112	£1,469	£75	£96½	30	£28/19/7 ..	do.
	Ruyton-xi-Towns	114	456	£4,556	£175	£298	30	£89/9/0 ..	do.
	Ightfield .. ..	119	468	£4,970	£75	£303	30	£105/19/2 ..	do.
	Norton-in-Hales ..	67	200	£1,970	Nil.	£233½	30	£55/4/1 ..	24/7/37
Ludlow Rural	Coreley .. ..	20	80	£750	Nil.	£59	30	£61/5/0 yearly.	6/11/37.
Bridgnorth Rural	Stottesdon .. ..	28	100	£2,000	£250	£67½	30	£250 lump sum.	6/11/37
	Kinlet .. ..	27	100	£1,350	£150	£78¾	30	£150 lump sum.	6/11/37
Clun Rural	Wentnor, Norbury and Myndtown	50	190	£3,500	£75	£203¾	30	£250 lump sum.	2/5/38

\* Covering for Storage Reservoir.

† This scheme is intended to improve and extend the existing supply to the parishes concerned.

From the Annual Reports of District Medical Officers of Health the following quotations have been taken :—

**Atcham Rural.**—“ It was necessary to limit and regulate the public supply to *Pontesbury* village from July to October. The Council continued the cartage of water to Forton Heath (Pimhill parish) throughout the year, and it was further found necessary to cart supplies to Calcott Lane and Isle Lane in Bicton parish, where there was acute shortage during the latter half of the year.

*Public Supplies.*—“ It is fitting, in my opinion, to record here the advantages, both as to public health and general amenity, secured by the Council's foresight in initiating extensive schemes of water supply, covering a wide area of the District, during a period when substantial and necessary outside financial assistance was available. The two schemes, known as *Pim Hill*, and *West Atcham*, respectively, cover a large area of the District, from Pimhill on the north, by Montford Bridge, Bicton and Ford on the west, to Bayston Hill in the south and to Pontesbury and Minsterley in the south-west. A total length of mains, of some 55 miles approximately, will bring an unfailing and pure supply also to farmsteads and cottages adjacent to the line of mains. It is beyond question that appreciation of the benefits of the Schemes will be immediate, and will greatly increase in future.

“ *Pimhill Scheme.*—At the end of the year the laying of mains was nearly complete, as well as the construction of pumping station and reservoir.”

“ *West Atcham.*—Boring at Ford for the deep well supply had been begun, and a plentiful supply is assured.”

“ *Public Pumps and Wells.*—The Surveyor reports work of repair carried out in the following cases :—Sharpstones Lane (Bayston Hill) ; The Quarry, and Weaver's Well, Pontesbury Hill ; Lower Ryton ; Ford ; Stapleton ; Merrington ; Broomhall Lane (Bomere Heath) ; and Asterley.”

“ A standpost, connected to the Annscroft supply, was erected at Hook-a-gate, to replace the public well and pump.”

“ Seven of the above named supplies will be superseded by the Pimhill and West Atcham schemes.”

“ In connection with the development of the Council's housing schemes, new public wells have been sunk at Norton (Wroxeter), and at Pontesbury Hill.”

“ *Water Analysis.*—The piped supplies of the Council have not hitherto been controlled bacteriologically, but samples have occasionally been examined. The Council has now decided to have periodic examination made, under the supervision of the M.O.H.

“ *Private Supplies.*—The piped supplies, of which the District has a considerable number, chiefly in the villages in the eastern, south eastern, and southern areas of the district, were well maintained and no shortage of water was reported.

“ On the *Uppington* Estate the Agent reports improvements made at Rushton, 1,160 yards of galvanised iron pipe being laid, for the supply of three farms, one small holding, and three cottages. The spring source also was adequately protected.”

**Bridgnorth Rural District.**—“ At the end of the year a fresh source of supply is being sought as the water from Eardington well in its present state is unfit for drinking purposes. Consideration was being given to the question of arranging with the Ludlow Rural District Council to meet the needs of the Hill Houses.”

“ Button Oak Water Scheme has reached the stage at which operations will be commenced on the completion of certain formalities.”

“ A local inquiry followed by a deputation to Whitehall was occasioned by the proposals in connection with Stottesdon. Further investigations are proceeding to ascertain the suitability of the different springs and the relative expenditure involved in the utilisation of each.”

**Church Stretton Rural.**—*All Stretton Water Supply.*—Two suggestions are made by Dr. Gepp with regard to the safeguarding of the supply :—

- (a) Removal of the intake to a point above farmed and occupied land, and
- (b) Installation of a gravity sand filtration plant immediately below the existing reservoir.

**Clun Rural.**—“ The public supply to Newcastle practically failed for a period of five months. The provision of a satisfactory supply is under consideration.

“ Shortage was reported from *Pennerley*, the *Bog* and *Wentnor*.”

*Kempton.*—“ Work on the new scheme was begun in October.”

*Brockton and Worthen.*—“ Work on this scheme was commenced in August and was still in progress at the end of the year.”



*Wentnor and District.*—"Owing to the diminution of the supply, tests were made of other springs in another hollow on the Longmynd scarp. The Council were satisfied that there was a sufficient supply for all domestic services, but that it might be necessary to restrict the amount for agricultural use in the first instance."

*Worthen Parish—Hope and Heath Wards.*—The Council gave directions for a survey but it was not found possible to complete the survey by the end of the year."

*Clunton Coppice.*—Permission to excavate and test the springs was not obtained until it was too late to do so last year; but this is now being done."

*Move.*—The question of providing a supply for the parish was under consideration at the end of the year."

**Ellesmere Rural District.**—"The water supply at Hopton and Nesscliffe dealt with through the private works of the Earl of Bradford, has been extended during the year and further extensions are anticipated."

**Ludlow Rural.**—"At Craven Arms a trial bore was sunk with a view to augmenting the present supply, and the Engineers, Messrs. Brady and Partington, regard the results as satisfactory, and arrangements are in hand for putting down a 30in. bore hole and connecting same with the existing well."

"Complaints were received during the year in regard to the unsatisfactory water supply in parts of Stokesay, Onibury and Culmington Parishes, and the Medical Officer and Sanitary Inspector were directed to make a survey and report. The report showed that the complaints were justified. A new supply is required at Onibury Village, the County Analyst having reported that the quality was unsatisfactory, and extensions of the mains is required in other areas."

"Mr. Wyatt's scheme to supply Clee Hill village and Coreley has now been completed, and it is proposed to extend it to Knowbury, if the amount available warrants it, after a six months' test."

"The scheme for piping the overflow from Whatsill Spring to the houses on Hopton Bank has been considered and estimates got of the cost from the Surveyor. The Council have approached the County Council with a view to getting a grant from them towards the cost, which is estimated at £4,000 for the whole scheme, which includes two farms and a number of small holdings, and a number of houses in Bridgnorth Rural District which were transferred to that area recently."

**Oswestry Rural District.**—"The water mains have been extended to housing sites at St. Martin's, Trefonen, Gobowen, Maesbury, Gwernybrenin, and Pant."

"A public enquiry was held into the Council's application to the Ministry of Health for sanction to borrow for works of water supply for the following areas:—*Ruyton-xi-Towns*, £4,556; *Nantmawr and District*, £1,268; and *Pentre*, £1,469."

"The springs at Cefn Coch and Orseddwen were gauged during the dry period and found not sufficient for augmenting the Bath Pool supply. It is now proposed to bore in the neighbourhood of Selattyn, and a geological survey and report is to be made of this area."

"Samples of water from the Bath Pool and Selattyn supplies continued to give unsatisfactory results. Owing to the insufficient supply at the Bath Pool and Mardy, the Council has been making great endeavours to find a source of water which would provide for the area at present supplied from the Bath Pool and Mardy, and also Selattyn; and so measures to improve the purity of these supplies have been held up until it was known what the final scheme was to be."

"Unfortunately the search for the larger supply has so far not produced the results hoped for, and more water is to be sought near the present supply at the Mardy. If the bore which it is proposed to sink here yields sufficient good water the problem of the Selattyn supply will still remain unsolved, and suitable measures will have to be taken to ensure its safety."

"On the *Racecourse*, out of 22 houses with about 80 occupants there are only five with their own supply, and for many of them the wells run dry, and there has also been a shortage of rain water, water has to be carried from wells some distance away."

"In *Morton Village* there are 20 houses supplied from wells, many of which run dry in summer. Nine cottages are without their own supply and have to carry from a common pump. In only four cases was the water reported to be satisfactory. The School is supplied by a pump and bacteriological examination has shown this water to be unsatisfactory."

"The water supply to the *Sarn Holdings* and *Moors Lane* is a constant source of complaint owing both to the shortage and poor quality of the water. The inhabitants of such areas as these must feel the bitter irony of having to share the cost of water supplied to their neighbours, who were no worse off than themselves and with no share of the blessings to which they contribute."



**Wellington Rural District.**—"The supply to *Edgmond Village* is now complete and it is expected further extensions will be made in this area. Small extensions have been made in the *Wrockwardine District*. *New Works* is still without water and a scheme for serving this district is in abeyance pending the re-adjustment of the boundary. A small extension was completed at *Donnington* for the Housing Scheme there.

"The water supply to the whole district has received careful consideration, but nevertheless much must yet be done."

**Wem Rural.**—"Repairs were effected to a public pump at Ash.

"The public pump at Broughton had failed and was overhauled and the necessary repairs made.

"The Council Houses well had been bored, a fresh supply of water obtained and the old well filled in, owing to pollution.

"The wells supplying the Council Houses at Alkington and Spring Hill were also repaired."

**Bridgnorth Urban District.**—"Rindleford Scheme.—Work was commenced on this Scheme and the Borehole sunk to a depth of 300 ft. and a second Bore to a depth of 250 ft. in case of stoppage of No. 1 Bore. Pumping was carried out for fourteen days at the beginning of October, and an output of 25,000 gallons per hour maintained during that time. Bacteriological and chemical analysis showed it to be suitable and satisfactory in all respects for drinking and domestic use.

"On the advice of the Engineers, Messrs. Radford & Son, the distributing system will consist of the storage well on Bromley Hill, the existing service of mains with some additions, and a Booster Pump at the Westgate to ensure a good supply of water to the higher parts of the west end of the town."

**Bishop's Castle M.B.**—The Council is still giving consideration to improving the supply, increasing the quantity and providing additional storage. Restriction of the supply was necessary from 9 p.m. to 7 a.m. on several occasions. In the opinion of the Ministry of Health further remedial work in connection with the existing 4-inch gravitation main should be undertaken in order to restore it to approximately its proper discharging capacity. The Council has resolved accordingly, and an application has been made for sanction to a loan.

Dr. Gepp recommends that a sample of water be taken regularly at 6 month's interval, after passing through the sand filters, in order to keep under bacteriological observation the general condition of the supply and the efficiency of the filtration beds.

**Church Stretton Urban.**—"Water mains to the extent of 730 yards were renewed. Seven new houses were connected to the public supply, and the supplies to three old houses were improved by carrying the supply into the houses. It is recommended that bacteriological analysis be made at intervals of six months in the case of the main reservoir and, as regards the small low level reservoir in Town Brook Hollow, monthly analysis is advised when the supply is put in use."

**Dawley Urban.**—"The consumption for the year, including the water used for trade purposes, sewer flushings, etc., works out at 12.86 gallons per head per diem, as against 11.9 for the previous year and 10.8 for 1935. This shows the necessity of obtaining an Agreement for a greater supply, and the Council are now endeavouring to arrange terms with the Borough of Wenlock for a maximum of 200,000 gallons per diem, in lieu of the existing Agreement of 100,000 gallons per day.

"Whilst dealing with the Water question I will point out that in 1928 there were 119 Water Closets and 32 Baths in this area, to-day the figures are 584 Water Closets and 418 Baths, and these must increase yearly if real progress is to be made in improved sanitary conditions. New lengths of water main have been laid, totalling 999 yards, and during this year it will be necessary to extend the Doseley Water Main 200 yards to facilitate the development of land for building purposes by Fletcher Estates Ltd."

**Ellesmere Urban District.**—"The water supply of the District is good, both in quantity and quality. Street main has been extended to supply the Council's new housing scheme, Beech Grove, on the Oswestry Road. The supply is also ample for use in case of fire. Many properties in the Ellesmere Rural area are supplied from the Urban Council's mains."

**Wenlock M.B.**—"Water was laid on to the Council's Madeley Housing Estate with 385 yards of 3-inch main, and 286 yards of 1½ inch main were laid in Coalbrookdale for ten houses built, or reconstructed, by private enterprise, while some 2,200 feet of service pipe were laid for new W.C. connections chiefly in connection with extensive conversion of privies in the newly sewered areas in Madeley and Ironbridge."

"Instructions have been given by the Water Committee on the recommendation of the Medical Officer of Health for the routine bacteriological examination of the water from the Harrington deep bore."



“ *Broseley Ward*.—Water was laid on to two new houses and to a new public convenience, and extensions of 1,500 feet of service pipe were made to properties mostly for W.C. conversions.”

“ *Benthall Parish (Borough Ward)*.—Water was laid on to one new house and a further extension to Bower Yard, Ironbridge.”

**Whitchurch Urban District.**—“A further extension of the Council’s water main in Dodington (Fletcher’s Estate) has been made for a length of approximately 140 yards.

“A new modern chlorinating apparatus has been installed at the Fenn’s Bank Pumping Station, which appears to be working satisfactorily.

“Following upon my remarks and recommendations in the preceding Annual Report, investigation was continued into the character of many of the numerous sources of water supply gathered together at the Council’s Water Works at Fenn’s Bank, and also into the condition of the treated water delivered to the town. A large number of bacteriological analyses, and some chemical analyses, were made, and the results showed a varying degree of bacterial condition of some of the sources, and also a variation in bacterial content of the treated water. It became clear that the old chlorinating plant, one of a very early type, but which had given generally good service for the greater part of thirteen years, together with the existing arrangements for addition and mixing of the Chlorine, was not to be depended upon for unvarying efficiency.

“By the Council’s direction an inspection was made in September by the M.O.H., with the Surveyor, and Drs. Provan and Wilson, of Harper Adams College, who had conducted the bacteriological and chemical investigations during the year. We had also the assistance of an expert in the management of chlorinators. After full consideration, a strong recommendation was presented to the Council for the installation of a new plant, and for remodelling the system of application so as to ensure treatment of the fully mixed and softened water from all the sources.

“This recommendation was adopted by the Council. Tenders were called for and a new ‘Wallace and Tiernan’ plant was installed and put in action on December 10th. Bacteriological tests, now being made monthly, have shown it to be working with efficiency. The present dosage is 0.707 parts per million of chlorine, and daily observations with the ‘chloroscope’ has shown residual chlorine of 0.15 p.p. million at the Waterworks, and 0.10 p.p. million in water delivered in the town. This is, in my opinion, entirely satisfactory, and the Council is to be congratulated on having made adequate scientific provision for a good and safe water supply.”

## RIVER POLLUTION.

With the exception of the north-west corner of the County, the whole of Shropshire drains into the Severn Watershed. The Annual Survey of the River Severn, which is reported on below, shows that the powers of self purification in the Severn itself are such that it is able to oxidize rapidly the organic matter with which it is at certain points polluted.

The condition of the following streams was the subject of a special investigation :—

*River Rea and Minsterley Brook.*—An inspection of these streams revealed that the drainage from piggeries at a Creamery and the trade waste from a Barytes Works were causing pollution. Certain recommendations to prevent the pollution were put forward which have since been put into operation. On subsequent inspections of the streams a decided improvement was noticed.

A communication from the County Council with regard to the crude sewage from the village of Minsterley has been addressed to the Atcham Rural District Council asking that serious consideration be given to the question of providing a proper sewage disposal scheme for this village. Up to the time of writing this Report, no action has been taken.

*Tetchill Brook.*—During the year several inspections were made of this brook, the state of which has been the subject of complaint over a number of years. At the time of the inspections, there appeared to be no cause for complaint except on one occasion when there was evidence of a fungus growth in the stream below the village of Tetchill. This has apparently cleared up, as no further complaints have been received.



*River Severn.*—Twice a year an investigation is made of the state of the water of the River Severn by samples taken at selected points. On other occasions inspections may be made if a complaint is received or attention is otherwise drawn to circumstances to which exception may be taken.

Below is the Report of **Dr. B. A. Astley-Weston** on the Survey of the River Severn carried out on behalf of the Ministry of Agriculture and Fisheries :—

“ In conjunction with other Local Authorities in the Severn Watershed a Hydrographical Survey of the river was made in July and October, 1937. Both surveys were preceded by long periods of small rainfall, as a result of which the Severn at the time of the July survey was very slightly below its normal summer level, and in October was definitely low.

“ At each survey, samples were taken from the river at Port Hill, Shrewsbury, Atcham Bridge, Buildwas Bridge, The Free Bridge, Ironbridge, and Coalport Bridge, and in the October survey additional samples were taken from the Rea Brook at its junction with the Severn, the Shrewsbury Sewage Farm outfall, The Tern at its junction with the main stream and from the Severn below Bridgnorth Bridge.

“ The conclusions formed by the Ministry as a result of the survey were that in July the river was generally satisfactory, and that at only three places throughout its entire length were there signs of pollution ; one of these polluted areas was in Shropshire at Atcham Bridge above which the Harlescott and Shrewsbury sewage effluents discharge into the river. The October survey was less satisfactory ; above Shropshire the condition was good, but there was a rapid deterioration in this county below Shrewsbury. There was evidence of pollution below the Sewage Farm at Atcham and there was no improvement at Buildwas. At Ironbridge, however, the river had completely recovered from the Shrewsbury Pollution, and though there was slight deterioration at Coalport, there was again complete recovery at Bridgnorth.”

“ The final conclusion is that, though the River is polluted at various points, the natural purifying resources are adequate and that there is no sign of complete breakdown even in the rather severe strain of a dry season.”

**Wem Rural.**—The small system of sewerage and sewage disposal schemes was increased by a sewerage scheme at Stanton at a cost of £266 : also a combined sewer and surface water scheme was undertaken and laid at Prees Wood, total length 895 yards. Two other cases of sewerage nuisances were dealt with and the conditions improved.”

**Bridgnorth M.B.**—“ The sewage plant at the Northgate is inadequate and the increased flow of sewage to be dealt with, and is not in satisfactory working order.”

**Church Stretton Urban District.**—“ As the result of inspection I am in accordance with the following statement made by the Surveyor :—

“ Some pollution of the brook in Carding Mill Valley, by the overflow from a cess-pit receiving the drainage of a café is noticeable during the tourist season when the brook is low.

“ Pollution of the All Stretton brook also occurs by reason of the fact that a few houses in the village, and also a private institution, drain into it.

“ Steps are being taken by the Council to carry out a special inspection of all dwellings in the All Stretton Ward, in which Ward the premises referred to are situated, with the object of obtaining particulars of the present drainage arrangements generally. When this inspection has been completed and the report thereon made available, it is anticipated that consideration will be given to the question of providing a sewage disposal system for this portion of the district.”

**Dawley Urban.**—“ The general Sewage Scheme of which the preparation is in the hands of Messrs. Willcox, Raikes & Marshall, Engineers, Birmingham, is nearly completed and an approximate estimate of the total cost (£40,000) has been given by the Engineers. There is extreme urgency for the early commencement of the two proposed Outfall Works, as the crude methods of dealing with the sewage at both Stirchley and the Castle Fields is rapidly reaching saturation point, and with the extra Water Closets and Baths which are being added, I shall feel much happier when proper means of dealing with the sewage are in operation. This will entail a considerable increase in the Rates, but unless carried out it is dangerous to consider the building of additional houses on modern lines. Progress has been made in the extension and piping in of open sewers, 167 yards of 18-inch Concrete Pipes, together with 2 new manholes, have been laid at Castle Fields, 53 yards of 12-inch Sewer with 4 manholes at King Street, 650 yards of 9-inch Sewer with 9 manholes and storm overflow at the Paddock (this has cleared up a long standing nuisance), 20 yards of 6-inch Sewer and 1 manhole at Old Vicarage Road, and 28 yards of 6-inch Sewer and 1 manhole at the Finger Road.”



**Ludlow M.B.**—"New drains were laid at six premises and six new houses connected to existing sewers. The Sewerage Works have been carefully supervised and the final effluent, which is run into the Teme, has been uniformly clear. I understand that the tanks are filled by six hours' flow of the sewage and from this it is obvious that they should be considerably enlarged on the ground which is available for this purpose, adjacent to the existing ones."

**Newport Urban.**—"A scheme for modernising the existing works has been submitted and the Council is considering the question of combining parts of the adjoining Wellington and Stafford Rural Districts in the scheme."

**Oakengates Urban.**—"It is satisfactory to note that a number of privies have been abolished, but there are still far too many."

**Oswestry M.B.**—"The Banky Field Housing Estate has been partially developed and Sewers laid for 25 houses now in course of erection, and it is the intention of the Council to proceed with the remainder of the site on which a further 18 houses will be built. Another area of land adjacent to the Llwyn Farm Estate has also been purchased, on which it is proposed to erect 12 houses, the Sewers for these having already been provided in connection with the Flats erected by the Oswestry Housing Trust."

**Wenlock M.B.**—"A sewerage scheme, necessary in connection with the new Housing Estate and Slum Clearance Programme at Broseley, was submitted to the Ministry of Health and was the subject of a Public Enquiry in November. The completion of this Scheme, when sanctioned, will enable further progress to be made in privy conversions."

"The Sanitary Inspector reports:—

"*Drainage and Sewerage.*—The works of sewerage and sewage disposal in the Madeley Ward, situate at Madeley and Hill Top, Ironbridge, were finally completed during the year, and approximately 500 yards of new sewer were laid."

"*House Drainage.*—Considerable progress has been made at Madeley since the completion of the sewerage disposal scheme. New drainage systems installed and connected to the sewer during the year number 145."

**Whitchurch Urban District.**—"Drainage and Sewerage.—Fifty-three new houses were properly connected to the sewers, and a few old drains amended in construction."

## SEWERAGE AND SEWAGE DISPOSAL SCHEMES.

**Oswestry R.D. Council.**—*Weston Rhyn Sewage Scheme.*—The present sewage disposal plant situated at Rhosweil was laid down many years ago and is now inadequate for dealing with the area which it serves, and the need for improvement has become one of urgency, particularly in view of representations made to the Oswestry Rural District Council by the Dee Fishery Board.

Although the burden which will fall upon the parish will, in the absence of any assistance, be extremely heavy, the Rural District Council has decided to proceed with the scheme under which the existing plant will be closed down. New sewage disposal works are to be erected on the Denbighshire bank of the River Ceiriog, and the cost is to be borne proportionately by the Oswestry and the Ceiriog Rural District Councils, the latter having expressed a wish to drain a portion of Chirk to this point. In addition it is proposed to extend the present system somewhat to include the area of Chirk Bank, which at present has no sewerage system. The proportion of the cost of the scheme to be borne by the Oswestry Rural District Council amounts to £13,500. Application for a County Council grant has been made, but the matter is still under consideration.

**Wellington R.D. Council.**—*Donnington and Muxton.*—The object of this scheme is to deal with the sewage from the villages of Donnington and Muxton. The majority of the population to be served is concentrated in the village of Donnington, where the local Council has built a housing estate in connection with its slum clearance policy. The proposed outfall works are to be constructed on the north side of the railway about a quarter of a mile west of Donnington railway station. The estimated cost of the scheme is £18,460, but no grant has yet been promised by the County Council.



**Ludlow R.D. Council.**—*Cleobury Mortimer.*—Cleobury Mortimer is without a proper sewage scheme and as a result the Pudding Brook is in an unsavoury condition. The Ludlow Rural District Council engaged a civil engineer to prepare plans for a sewerage and sewage disposal scheme, and subsequently submitted details concerning two alternative sites for the sewage disposal works, the cost of which would be approximately £6,250. Application has been made to the County Council for a grant towards this cost, but no decision has yet been reached.

**Wellington R.D. Council.**—*Ketley.*—Under Section 307 of the Public Health Act, 1936, the County Council has undertaken to make a grant in respect of the Ketley Sewerage and Sewage Disposal Scheme. The cost of the scheme amounts to £31,975, and the County Council has agreed to contribute one quarter of the net cost up to a maximum of £8,000. This scheme is now almost completed, and has resulted in a great improvement in the sanitary condition of the area.

**Wenlock M.B. Council.**—*Broseley.*—The proposed sewerage and sewage disposal scheme which is estimated to cost £8,800, does not cover the whole of the Broseley area, as three schemes would be required for that purpose owing to the conformation of the ground. The cost of three schemes at the present time would be more than the local authority could bear, and therefore only the southern portion of Broseley itself is being dealt with. The sewage from the Benthall side of the hill is still being allowed to discharge into the Benthall Brook. The area remaining undealt with will, of course, necessitate another scheme in the future. The present scheme will provide immediately for 1,720 persons, and will also make provision for the local authority's proposed housing scheme of 80 houses, and also for the 28 houses already erected by that Council. Provision is also made in the scheme for dealing with any future developments by private enterprise. In addition, the scheme includes the Lady Forester Hospital, which is rather an important consideration. Although application has been made to the County Council for financial assistance, no decision has yet been made.

From the Annual Reports of the District Medical Officers of Health the following quotations have been taken :—

**Atcham Rural.**—“*Minsterley Village.*—The Council directed the Surveyor to make a complete inspection and report. The report was considered and referred to the Parish Council for their information. Further action was deferred until the West Atcham Water Scheme had been decided upon.”

“*Bayston Hill, and Cross Houses.*—The proposals for new sewers and sewage disposal works at these places have remained under consideration, no definite decision having been reached.”

**Ludlow Rural.**—“The scheme for new Sewers and Sewage Disposal Works at Cleobury Mortimer is still held up on account of the burden on the parish. The County Council have not agreed to make a grant towards the cost. There is no doubt that the sewage works and the relaying of the sewers is urgently necessary from a public health point of view, and to encourage building, and that if necessary it should be assisted by the general rates of the district.

“One hundred and eighty-five yards of new sewer were laid and eleven new houses connected to existing ones. New drains were laid or old ones amended at 40 houses and twenty-six privies converted into pail closets.”

**Wellington Rural District.**—“The sewerage scheme at *Hadley* has progressed favourably and early completion is expected. The sewage disposal works at Hadley to meet this scheme are being enlarged and modernised at a cost of £32,000. The *Lawley Scheme* has been held up for the present, but it is anticipated that work will be re-started this year. The *Donnington Scheme* has had to be dealt with by temporary measures to meet the requirements of the newly-housed slum clearance population.”

**Ellesmere Urban District.**—Extensions to the sewers for serving the Beech Grove Housing Scheme have been carried out on the partially separate system, all highway water being discharged direct to the Newnes Brook, while the soil sewage goes to the Newnes Brook sewage works for treatment.”



**Borough of Shrewsbury.**—"The following extensions of sewers were carried out during the year :—

"Longden Road—from the main By-pass road to Bank Farm Road.

"Kingsland Road—from the brook to the allotments.

"Roman Road—from the brook to Canonvale.

"The commencement of work on the South Eastern Outfall sewer from Meole Brace via Sutton, Abbey Foregate and Crowmoor to Monkmoor, was postponed owing to the greatly increased cost above the estimated cost when tenders were received. The postponement of the construction of this sewer has also unfortunately meant the postponement of a housing scheme of 120 Council houses which could only be drained when this sewer has been provided.

"Extensions of drainage systems have been carried out in connection with new housing estates at New Park Close, Wingfield Close, Heath Gates and Meole Crescent."

### MISCELLANEOUS SANITARY MATTERS.

Besides carrying out a large number of inspections of the farm premises of applicants for licences to produce designated milk and periodical re-inspections of those of existing licence holders (previously mentioned in the Milk and Dairies Section of this Report), the County Sanitary Inspector has made three special inspections of Creameries and Cheese Factories, and in addition he has investigated and reported upon the following matters :—

Proposed schemes for	{	water supplies .. .. .	5
		sewerage and sewage disposal .. .. .	4
Complaints of unsatisfactory	{	housing accommodation and structural defects ..	3
		water supplies .. .. .	1
Nuisances caused by	{	drainage systems .. .. .	2
		piggeries and slaughterhouses .. .. .	2
		deposits of refuse .. .. .	1
		pollution of streams by sewage .. .. .	5

Subjects of importance from the health point of view are briefly touched upon in the following references taken from the Annual Reports of District Medical Officers of Health :—

**Ludlow Rural.**—"Public Cleansing.—A weekly collection of house and shop refuse is carried out at Craven Arms by contract, and a refuse tip is provided by the Council. Arrangements have been made for public scavenging at Cleobury Mortimer and will soon be in progress, the local Parish Council having given their approval to the scheme."

**Wellington Rural District.**—"Scavenging.—During the year the Council have extended the scavenging area for house refuse to the parishes of Lilleshall, Donnington Wood Ward, and Edgmond, in addition to the parishes of Hadley and Wellington Rural previously scavenged. The work is carried out by Contract to controlled tips. Steps are being taken towards the abolition of existing ash pits in these areas, and for the provision of galvanised dust bins, and during the year 129 dustbins have been provided in the scavenging areas."

**Church Stretton Urban District.**—"Swimming Pool.—There is an open air swimming pool in Carding Mill Valley. Access is free of charge, and the water, supplied from the stream, has constant flow through the pool. The Council undertakes the emptying and cleansing of the pool annually."

**Ellesmere Urban District.**—"The old slaughter houses are still in use. These are very unsatisfactory, but the continued delay in deciding the future of slaughtering in private slaughter houses makes it very difficult to secure any improvement. In two cases the tenants are prepared to consider the erection of new premises entirely, but are not willing to spend the money necessary for this purpose until they know what their position as to being allowed to slaughter privately will be in the future. All offals produced at these slaughterhouses are regularly collected and conveyed to the artificial manure works for conversion into manures."

**Ludlow M.B.**—"There are no public or privately owned Swimming Baths or Pools open to the public in the area. There is a swimming pool on the river, but the Council take no responsibility for the condition of the water beyond seeing that there is no pollution of the river in the Borough. A swimming bath in which school children could be taught to swim, and where the water is purified by filtration is, I consider, urgently required in the area. It has been under consideration by the Council for some months and a site is being secured."

"The collection of house and trade refuse is promptly and efficiently carried out and deposited on a tip on the outskirts of the town and carefully covered up to prevent any nuisance."

"The fouling of footpaths by dogs has recently been receiving consideration, and the question of bye-laws to relieve the trouble has been explored. There is little doubt that the increasing motor traffic on the roads is largely the cause of the nuisance."

**Market Drayton Urban District.**—"Swimming Baths and Pools.—An open air Bath or Pool serves the district. This is under constant supervision and is treated with Chloros."

**Whitchurch Urban District.**—"Public Baths.—The Council have recommended that plans, estimates, specifications, etc., be prepared for a proposed extension of the existing Swimming Bath, for submission to the Ministry of Health, for a loan sanction."

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TABLE I.  
CAUSES OF DEATH IN THE ADMINISTRATIVE AREAS IN THE COUNTY OF SALOP, 1937.—URBAN DISTRICTS.

Causes of Death.	Shrewsbury M.B. 02		Bishop's Castle M.B. 04		Bridgnorth M.B. 05		Church Stretton U.D. 06		Dawley U.D. 07		Ellesmere U.D. 14		Ludlow M.B. 15		Newport U.D. 16		Oakengates U.D. 17		Oswestry M.B. 24		Wellington U.D. 25		Wem U.D. 26		Wenlock M.B. 27		Whitchurch U.D. 34		Market Drayton U.D. 35		Total.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
ALL CAUSES .. ..	245	245	8	11	41	33	13	25	53	48	13	13	43	41	20	19	89	54	85	71	63	58	21	24	109	90	49	55	49	37	901	824	
1 Typhoid fever, etc. .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
2 Measles .. ..	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..		
3 Scarlet fever .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..		
4 Whooping cough .. ..	2	1	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	1	..	1	4	6	..		
5 Diphtheria .. ..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	
6 Influenza .. ..	7	8	1	1	4	2	2	4	3	..	..	..	1	4	..	1	9	3	2	1	6	3	1	3	4	8	7	10	3	3	50	51	
7 Encephalitis lethargica .. ..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	2	..		
8 Cerebro-spinal fever .. ..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	2	..		
9 Respiratory tuberculosis .. ..	8	11	1	1	3	..	..	..	1	3	1	..	4	..	1	1	2	5	4	3	2	2	2	1	3	..	1	..	..	30	30		
10 Other tuberculosis .. ..	6	1	..	..	1	..	..	..	1	..	..	1	..	2	1	..	..	..	..	..	1	3	..	..	1	..	..	..	1	11	8		
11 Syphilis .. ..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	
12 General paralysis of insane, etc. .. ..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	2	..	..	..	..	..	..	..	..	3	1	..	
13 Cancer .. ..	40	34	..	..	6	10	1	3	6	3	3	1	7	5	3	3	15	3	6	13	4	9	3	6	10	13	6	2	7	7	117	112	
14 Diabetes .. ..	4	5	..	..	2	..	..	..	..	1	1	..	2	1	..	..	1	2	1	..	..	..	1	1	3	..	..	1	..	13	13		
15 Cerebral haemorrhage .. ..	9	22	..	2	3	3	..	5	3	13	..	2	6	5	2	1	6	5	10	5	4	8	2	..	11	11	3	1	4	5	63	88	
16 Heart disease .. ..	57	59	5	6	6	8	2	3	8	3	5	3	4	6	8	4	15	7	35	16	13	6	5	6	30	21	10	16	11	6	214	170	
17 Aneurysm .. ..	2	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	..	
18 Other circulatory .. ..	12	3	..	..	..	..	3	..	5	5	..	1	..	..	1	9	12	4	2	1	4	..	1	..	4	1	2	3	..	1	37	37	
19 Bronchitis .. ..	3	7	..	..	..	2	..	1	4	4	..	1	1	5	..	..	1	1	1	2	1	..	..	..	6	1	3	1	2	1	22	26	
20 Pneumonia .. ..	11	11	1	..	1	1	..	2	8	1	..	..	3	..	1	1	5	2	2	4	3	..	..	..	9	5	..	1	5	2	49	30	
21 Other respiratory .. ..	4	..	..	..	1	1	..	..	..	1	..	..	..	..	..	..	..	..	1	1	2	..	..	..	1	..	..	1	..	2	7	8	
22 Peptic ulcer .. ..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	..	..	..	..	..	2	..	1	1	..	..	7	2	..	
23 Diarrhoea, &c. (under 2 years) .. ..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1	..	..	..	2	2	..	
24 Appendicitis .. ..	4	1	..	..	1	..	..	..	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	1	..	..	1	..	7	3	..	
25 Cirrhosis of liver .. ..	1	2	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	1	..	..	..	2	..	1	..	8	2	..	
26 Other liver diseases .. ..	..	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..	..	..	1	4	..	
27 Other digestive .. ..	4	7	..	1	2	..	..	..	3	2	1	..	..	2	1	1	2	1	2	..	2	..	1	..	2	1	1	4	..	1	18	23	
28 Nephritis .. ..	4	9	..	..	..	1	..	..	2	3	..	1	1	2	..	2	2	4	1	1	5	4	2	..	3	..	2	1	3	2	25	30	
29 Puerperal sepsis .. ..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	1	..	..	3	..
30 Other puerperal .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1	..	..	..	1	..	..	
31 Congenital, etc. .. ..	13	6	..	..	3	..	1	..	1	..	..	2	3	..	1	..	3	1	2	3	6	2	2	..	6	5	3	1	2	1	46	21	
32 Senility .. ..	7	20	..	..	1	1	..	1																									





TABLE I.  
CAUSES OF DEATH IN THE ADMINISTRATIVE AREAS IN THE COUNTY OF SALOP, 1937.—RURAL DISTRICTS.

Causes of Death.	Atcham R.D. 08		Bridgnorth R.D. 09		Clun R.D. 38		Drayton R.D. 39		Ellesmere R.D. 48		Ludlow R.D. 49		Oswestry R.D. 59		Shifnal R.D. 68		Wellington R.D. 78		Wem R.D. 79		Totals.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
ALL CAUSES .. .. .	108	106	57	71	68	75	73	59	42	30	91	83	97	90	38	51	148	101	60	63	782	729
1 Typhoid fever, etc. .. ..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1
2 Measles .. .. .	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	2	..
3 Scarlet fever .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
4 Whooping Cough .. .. .	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	1	3
5 Diphtheria .. .. .	..	..	..	..	..	..	..	2	..	1	..	..	1	2	..	..	..	..	..	..	1	5
6 Influenza .. .. .	7	8	2	5	4	3	6	4	..	3	..	2	4	5	..	3	5	8	2	6	30	47
7 Encephalitis lethargica ..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..
8 Cerebro-spinal fever .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..
9 Respiratory Tuberculosis ..	3	1	3	..	2	2	4	..	..	1	2	2	1	3	..	1	8	3	..	1	23	14
10 Other tuberculosis .. ..	..	1	3	..	2	1	2	..	..	..	1	..	1	1	..	1	2	4	1	..	12	8
11 Syphilis .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1
12 General paralysis of insane, etc.	1	..	..	..	..	..	1	..	..	..	..	..	..	1	..	..	..	..	..	..	2	1
13 Cancer .. .. .	12	15	9	6	5	15	9	12	6	1	21	16	12	15	8	6	20	16	7	6	109	108
14 Diabetes .. .. .	2	..	..	2	1	..	1	..	..	1	3	3	..	..	..	..	..	1	1	2	8	9
15 Cerebral haemorrhage .. ..	11	8	2	7	4	3	4	2	..	1	3	6	3	5	3	4	11	13	2	1	43	50
16 Heart disease .. .. .	28	24	10	16	19	22	20	17	15	7	13	19	40	29	13	20	36	19	16	27	210	200
17 Aneurysm .. .. .	1	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	2	1
18 Other circulatory .. .. .	2	2	4	7	2	1	1	..	2	5	9	1	4	5	..	2	7	8	2	3	33	34
19 Bronchitis .. .. .	2	5	2	2	3	3	2	2	..	1	4	3	3	2	2	1	7	4	1	1	26	24
20 Pneumonia .. .. .	10	4	2	2	4	4	1	2	4	3	2	2	3	4	1	..	13	1	1	2	41	24
21 Other respiratory .. .. .	3	..	2	1	1	..	..	..	2	..	..	..	1	..	1	1	2	1	..	..	12	3
22 Peptic ulcer .. .. .	2	..	..	..	1	..	..	..	..	..	1	..	..	..	..	..	..	1	2	1	6	2
23 Diarrhoea, &c. (under 2 years)	..	..	..	2	..	..	..	1	..	..	..	..	..	..	1	..	..	..	..	..	1	3
24 Appendicitis .. .. .	1	..	..	1	..	..	..	..	1	..	..	..	1	..	..	..	..	..	2	..	5	1
25 Cirrhosis of liver .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	1	1
26 Other liver diseases .. ..	..	1	..	..	..	1	..	..	..	..	..	3	..	1	..	1	1	..	..	..	1	7
27 Other digestive .. .. .	..	1	..	..	5	1	..	..	..	1	3	2	1	1	2	1	1	..	..	2	12	9
28 Nephritis .. .. .	..	4	2	1	2	1	4	2	1	..	4	2	5	3	2	2	1	..	8	6	29	21
29 Puerperal sepsis .. .. .	..	2	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	3
30 Other puerperal .. .. .	..	..	..	1	..	..	..	..	..	..	..	..	..	3	..	1	..	1	..	..	..	6
31 Congenital, etc. .. .. .	3	3	1	6	1	1	3	2	3	..	7	3	5	3	1	1	10	2	3	..	37	21
32 Senility .. .. .	5	7	1	2	2	4	2	5	4	3	6	5	2	1	1	..	3	5	1	2	27	34
33 Suicide .. .. .	3	3	3	..	..	1	3	1	..	1	..	..	1	..	..	..	1	..	1	1	12	7
34 Other violence .. .. .	6	1	5	4	5	3	6	1	1	..	5	2	2	..	..	2	4	2	1	1	35	16
35 Other defined causes .. ..	5	14	4	5	3	7	4	5	3	..	6	10	7	6	3	3	13	9	8	1	56	60
36 Ill-defined causes .. ..	1	1	..	..	2	2	..	..	..	..	..	1	..	..	..	1	..	..	..	..	3	5
Special Causes (included in No. 35 above :)																						
Small-pox .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Poliomyelitis .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Polioencephalitis .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Deaths of infants under 1 year :																						
Total .. .. .	6	4	1	8	3	2	3	4	4	..	7	3	5	4	2	2	16	5	3	1	50	33
Legitimate .. .. .	5	4	..	7	3	2	3	4	4	..	7	2	5	3	2	2	15	5	3	1	47	30
Illegitimate .. .. .	1	..	1	1	..	..	..	..	..	..	..	1	..	1	..	..	1	..	..	..	3	3
LIVE BIRTHS :																						
Total .. .. .	172	151	92	100	78	69	62	66	49	51	102	93	101	104	67	66	137	128	70	66	930	894
Legitimate .. .. .	158	142	88	95	75	63	60	65	49	51	95	85	98	96	65	63	133	121	61	65	882	846
Illegitimate .. .. .	14	9	4	5	3	6	2	1	..	..	7	8	3	8	2	3	4	7	9	1	48	48
STILL-BIRTHS :																						
Total .. .. .	12	7	4	7	3	2	1	4	1	2	2	3	4	4	5	1	5	9	3	4	40	43
Legitimate .. .. .	12	7	4	6	3	2	1	3	1	1	2	3	4	4	5	1	5	9	3	4	40	40
Illegitimate .. .. .	..	..	..	1	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	3
POPULATION .. .. .	18,450		11,860		9,959		8,228		6,971		13,680		15,560		7,573		15,930		9,789		118,000	
DEATH-RATE PER 1,000 .. ..	11.6		10.8		14.4		16.0		10.3		12.7		12.0		11.7		15.6		12.6		12.8	
BIRTH-RATE PER 1,000 .. ..	17.5		16.2		14.8		15.5		14.3		14.2		13.2		17.6		16.0		13.9		15.5	
C.F. .. .. .	.84		.90		.83		.83		.87		.87		.90		.84		.88		.86		.86	

NOTE.—C.F.—Comparability factor for adjusting death-rates in order to make them comparable.







